

EXHIBIT 24

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Civ. No. 18-2301 (JRT/KMM)

David W. Lynas, as Trustee for the
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.

VIDEOTAPED 30(b)(6) DEPOSITION OF

MENd CORRECTIONAL CARE, PLLC

By: TODD LEONARD, its Designee

October 28, 2019

at

Gaskins, Bennett & Birrell, LLP
333 South Seventh Street
Minneapolis, MN 55402

Reporter: Jane T. Doby
Registered Merit Reporter
Doby Professional Reporting, Inc.
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<p style="text-align: right;">2</p> <p>1 APPEARANCES: 2 On Behalf of Plaintiff David W. Lynas: 3 Robert Bennett, Attorney at Law 4 rbennett@gaskinsbennett.com 5 Marc E. Belinsky, Attorney at Law 6 mbelinsky@gaskinsbennett.com 7 GASKINS, BENNETT & BIRRELL, LLP 8 333 South Seventh Street 9 Suite 3000 10 Minneapolis, MN 55402 11 12 On Behalf of the Sherburne County Defendants: 13 Stephanie A. Angolkar, Attorney at Law 14 stephanie@irc-law.com 15 IVERSON REUVERS CONDON 16 9321 Ensign Avenue South 17 Bloomington, MN 55438 18 19 On Behalf of MENd Defendants: 20 Anthony J. Novak, Attorney at Law 21 tnovak@larsonking.com 22 LARSON KING, LLP 23 30 East Seventh Street 24 Suite 2800 25 St. Paul, MN 55101 Also Present: Jayme Hogan, Envision Video NOTE: Pursuant to Minnesota Rule of Civil Procedure 30.06, the original transcript will be delivered to Gaskins, Bennett & Birrell, LLP, the noticing party. NOTE: Exhibit Nos. 52 through 70 were marked for identification.</p>	<p style="text-align: right;">4</p> <p>1 *** 2 TODD LEONARD, 3 called as a witness, being first duly sworn, was 4 examined and testified as follows: 5 EXAMINATION 6 BY MR. BENNETT: 7 Q Dr. Leonard, MENd is a -- MENd Correctional 8 Care, LLC, is that the -- 9 A PLLC. 10 Q Okay. 11 And the -- is that a member-managed LLC? 12 A Sole proprietor. I guess, I -- I'm not an 13 attorney, so I don't have the specific terms as -- as 14 down as you-all. But registered as a PLLC. I work 15 with my attorneys to ensure that we have proper 16 documentation and registration. 17 Q But it's -- how many members are there? 18 A One. 19 Q So you manage it? 20 A I manage it with my team. But I own it. 21 Q But the -- 22 A Hundred percent owner. 23 Q But the -- in terms of the corporation 24 itself, it's a member-managed corporation. Correct? 25 A I'm a sole owner and president. And, I</p>
<p style="text-align: right;">3</p> <p>1 PROCEEDINGS 2 (The videotaped 30(b)(6) deposition of MENd 3 Correctional Care, PLLC, by TODD LEONARD, its 4 Designee, was commenced at 9:35 a.m. as follows:) 5 VIDEOGRAPHER: This is the 30(b)(6) 6 deposition of MENd Correctional Care, testimony of 7 Dr. Leonard. 8 Today's date is October 28th, 2019, and the 9 time is approximately 9:35 a.m. 10 Would each attorney please state their name 11 for the record. 12 MR. BENNETT: Robert Bennett, appearing on 13 behalf of the plaintiff. 14 MR. BETINSKY: Marc Betinsky, for the 15 plaintiff. 16 MS. ANGOLKAR: Stephanie Angolkar for the 17 Sherburne County defendants. 18 MR. NOVAK: Tony Novak for MENd and the 19 witness. 20 VIDEOGRAPHER: Thank you. 21 Would the court reporter please administer 22 the oath. 23 (Oath administered.) 24 THE WITNESS: I do. 25</p>	<p style="text-align: right;">5</p> <p>1 guess, the best I can tell you is I work with my 2 management team to run day-in/day-out business. 3 Q But I'm talking about the affairs of the 4 corporation itself under the Minnesota law. You 5 don't -- you don't know what -- 6 A Well, I -- I own the company and I'm 7 responsible for ensuring that we are registered 8 properly and maintain our licensure and... 9 (Sotto voce remarks between plaintiff 10 counsel.) 11 (Exhibits 52 and 53 were marked for 12 identification.) 13 BY MR. BENNETT: 14 Q I'm showing you Exhibit 52. Can you 15 identify that for me, please? 16 A Yeah. MENd Correctional Care's balance 17 sheet as of December 31st, 2017. 18 Q Is that something you prepared, or that -- 19 prepared to give us in this case, or is it something 20 that already existed? 21 A I generated this paper report, but it's... 22 Q Is it on -- is it in a QuickBooks program? 23 A Accounting software. Yeah. Correct. 24 Q And Exhibit 53, is that the profit and loss 25 statement from January through December of 2017?</p>

<p style="text-align: right;">6</p> <p>1 A Correct.</p> <p>2 Q The balance sheet, Exhibit 52, lists a</p> <p>3 2016 -- is that a Toyota Tundra?</p> <p>4 A Correct.</p> <p>5 Q Who's the primary driver of that?</p> <p>6 A Myself and select people from my corporate</p> <p>7 office team.</p> <p>8 Q Where is it garaged?</p> <p>9 A At our corporate office.</p> <p>10 Q Does it ever get garaged at your home?</p> <p>11 A No.</p> <p>12 Q So you drive from your home to the</p> <p>13 corporate office and then use this vehicle?</p> <p>14 A Correct. And most of the time it's my</p> <p>15 corporate office team that will use the vehicle.</p> <p>16 Q Okay.</p> <p>17 And you say "members equity." There's only</p> <p>18 one member, and that's you?</p> <p>19 A Correct.</p> <p>20 Q So, I guess, technically it would be</p> <p>21 "member equity." Correct?</p> <p>22 A If you want to call it that, that's fine.</p> <p>23 Q And "shareholder distribution," what was</p> <p>24 that?</p> <p>25 A That's just a direct payment to me. It's a</p>	<p style="text-align: right;">8</p> <p>1 work for MEnD Correctional Care that attended our</p> <p>2 annual nursing conference. But it's a very small</p> <p>3 amount.</p> <p>4 Q That paid to do so?</p> <p>5 A That paid to attend our conference.</p> <p>6 Q Wouldn't that be nonmedical income?</p> <p>7 A Well, I'm -- I'm just saying, it's possible</p> <p>8 that in -- it -- it -- if there's anything in</p> <p>9 fee-for-service income that's non direct medical care</p> <p>10 related, those would be the possibilities. However,</p> <p>11 most, if not all that, would be a nonmedical income.</p> <p>12 Q Okay. So the vast majority of the</p> <p>13 fee-for-service income is derived from the counties</p> <p>14 that you have contracts with? MEnD has --</p> <p>15 A Correct.</p> <p>16 Q -- contracts with?</p> <p>17 A Correct.</p> <p>18 Q Does MEnD Correctional Care, PLLC make any</p> <p>19 payments to you directly, other than the</p> <p>20 shareholder -- or other than a shareholder</p> <p>21 distribution?</p> <p>22 A To me individually?</p> <p>23 Q Yeah.</p> <p>24 A No. Just as you said, just this</p> <p>25 shareholder distribution. I don't recall exactly</p>
<p style="text-align: right;">7</p> <p>1 bit unusual. Typically, monies are -- they flow from</p> <p>2 MEnD Correctional Care to Dr. Todd Leonard</p> <p>3 Consulting, and that's where I would draw shareholder</p> <p>4 distributions. Typically. So this is an unusual</p> <p>5 event. But it was, I'm sure, something very</p> <p>6 specific --</p> <p>7 Q Do you remember what?</p> <p>8 A -- in that year.</p> <p>9 Specific to that number? No.</p> <p>10 Q And with regard to Exhibit 53.</p> <p>11 A Okay.</p> <p>12 Q I'm going to go through this with you, kind</p> <p>13 of up and down.</p> <p>14 A Sure.</p> <p>15 Q Fee-for-service income, is that the income</p> <p>16 that's paid pursuant to the contracts with the</p> <p>17 various counties?</p> <p>18 A It's -- it's -- it's all the revenue</p> <p>19 generated from contracts that involve professional</p> <p>20 services.</p> <p>21 Q Are there any that aren't derived from</p> <p>22 counties in 2017's number?</p> <p>23 A It would be a tiny amount that could</p> <p>24 potentially be from expert witness work. There would</p> <p>25 be a tiny amount that would be from nurses who didn't</p>	<p style="text-align: right;">9</p> <p>1 what that incident was, but...</p> <p>2 Again, by and large, money doesn't come to</p> <p>3 me directly from MEnD. It will go to Dr. Todd</p> <p>4 Leonard Consulting.</p> <p>5 Q And let's just, for purposes of this</p> <p>6 deposition, I'm going to call MEnD Correctional Care,</p> <p>7 PLLC "MEnD."</p> <p>8 A Fine.</p> <p>9 Q Is that okay with you?</p> <p>10 A Absolutely.</p> <p>11 Q Does MEnD pay anything on these -- listed</p> <p>12 on these expenses to any other entities controlled by</p> <p>13 you?</p> <p>14 A Yes. Dr. Todd Leonard Consulting.</p> <p>15 Q That's it?</p> <p>16 A And then halfway through this year, when we</p> <p>17 moved into our new corporate location, MEnD</p> <p>18 Correctional Care would pay rent expense to TL</p> <p>19 Clearwater Properties, LLC, which owns that building</p> <p>20 and land. So MEnD pays rent payments monthly to that</p> <p>21 LLC.</p> <p>22 Q What's the name of that one again?</p> <p>23 A TL Clearwater Properties.</p> <p>24 Q Okay.</p> <p>25 What is the advertising and promotion</p>

<p style="text-align: right;">10</p> <p>1 expense? Who's that paid to?</p> <p>2 A By and large, it's -- most of our</p> <p>3 advertising runs through our involvement in</p> <p>4 conferences where it's germane that we are present to</p> <p>5 market, advertise, try and sell our wares, if you</p> <p>6 will, to our target audience.</p> <p>7 Q What kind of conferences?</p> <p>8 A So an example would be a jail</p> <p>9 administrators conference held by the Minnesota</p> <p>10 Sheriffs' Association. We attend many conferences</p> <p>11 such as that.</p> <p>12 Q Do you have a booth or something you --</p> <p>13 A Exactly.</p> <p>14 Q Okay.</p> <p>15 A Exactly. And sponsor.</p> <p>16 Q You're a sponsor of those -- of that</p> <p>17 conference?</p> <p>18 A Not sole sponsor, but we're one of the</p> <p>19 sponsors.</p> <p>20 Q Major -- a major sponsor?</p> <p>21 A Depends on the conference and the level of</p> <p>22 involvement we have.</p> <p>23 Q Which are the ones you're a major</p> <p>24 conference -- a major supporter, promoter of?</p> <p>25 A I would say Minnesota Sheriffs' Association</p>	<p style="text-align: right;">12</p> <p>1 have select supervisory nurses that will attend.</p> <p>2 Myself. That's the bulk of it.</p> <p>3 Q And your corporate offices are now where?</p> <p>4 A Sartell, Minnesota.</p> <p>5 Q TL ...</p> <p>6 And TL Clearwater Properties owns -- LLC</p> <p>7 owns that, that building?</p> <p>8 A That building, property.</p> <p>9 Q 1908 Kruchten Court South?</p> <p>10 A Exactly.</p> <p>11 Q And that's -- you're the sole member of</p> <p>12 that LLC as well?</p> <p>13 A Correct.</p> <p>14 (Sotto voce remarks between plaintiff</p> <p>15 counsel.)</p> <p>16 (Exhibit 54 was marked for identification.)</p> <p>17 BY MR. BENNETT:</p> <p>18 Q Exhibit 54. This is the business record</p> <p>19 detail for TL Clearwater Properties, LLC?</p> <p>20 A I believe this is the filings from</p> <p>21 Secretary of State website.</p> <p>22 Q Okay. You are the sole member of that</p> <p>23 corporation?</p> <p>24 A Correct.</p> <p>25 Q And you -- MEnD pays rent to that entity?</p>
<p style="text-align: right;">11</p> <p>1 conferences. There's multiple per year. We're a</p> <p>2 significant sponsor and exhibitor on all of those.</p> <p>3 We have significant participation in the</p> <p>4 ISSDA, which is the similar organization in Iowa.</p> <p>5 And we -- we have a little bit less</p> <p>6 involvement with Wisconsin-based conferences.</p> <p>7 Excuse me.</p> <p>8 Q Continuing education. Who is that for?</p> <p>9 A It's a variety of sources. We work with</p> <p>10 the NCCHC closely in getting a wide number of our</p> <p>11 employees personally certified with professional</p> <p>12 certifications.</p> <p>13 We have a large number of our nurses that</p> <p>14 attend particular conferences. One in particular is</p> <p>15 the CHD conference that's -- is a division of the</p> <p>16 Minnesota Sheriffs' Association that's put on for</p> <p>17 correctional health care education.</p> <p>18 We have leadership in our company attend</p> <p>19 national NCCHC conferences. So it's a wide variety</p> <p>20 of educational opportunities that we provide for our</p> <p>21 staff.</p> <p>22 Q And who would be included in the leadership</p> <p>23 of your company that attends national NCCHC?</p> <p>24 A Nursing directors; medical providers; our</p> <p>25 director-level staff at corporate. Occasionally, we</p>	<p style="text-align: right;">13</p> <p>1 A Correct.</p> <p>2 Q And how much rent does it pay?</p> <p>3 A 8,550 a month.</p> <p>4 Q And when in 2017 -- I see this was</p> <p>5 original -- TL Clearwater Properties was set up in</p> <p>6 July of 2016. When did rent started to be -- did</p> <p>7 MEnD start paying rent to TL Clearwater Properties?</p> <p>8 A June or July of 2017.</p> <p>9 Q Who owned the building you were previously</p> <p>10 at?</p> <p>11 A The name of the company was Evergreen</p> <p>12 Properties or Evergreen something. It was -- I</p> <p>13 guess, lack of a better word, a strip mall-type</p> <p>14 facility in Waite Park, Minnesota.</p> <p>15 Q So the last half of the year in 2017, there</p> <p>16 would be -- that would be the rental expense?</p> <p>17 A The rental expense is the entire year.</p> <p>18 Q Yeah.</p> <p>19 A But from either June or July of that year</p> <p>20 to the end of the year, those payments would have</p> <p>21 went to TL Clearwater Properties and not Evergreen</p> <p>22 anymore.</p> <p>23 Q So seven or six months of 8,550. Right?</p> <p>24 A Correct.</p> <p>25 Q And the balance of that 101,799.70 would</p>

<p style="text-align: right;">14</p> <p>1 have been paid for the either five or six months of 2 rent to Evergreen? 3 A Correct. 4 Q How much rent did you pay them? 5 A I don't recall specifically. I just don't 6 recall the exact amount. 7 Q Back on the profit and loss statement. It 8 says "auto insurance." Is that for the Tacoma? 9 A For the Tundra. 10 Q For the Tundra, rather. 11 A Correct. 12 Q What is the equipment rental for, that 13 line? 14 A Equipment rental. I mean, literally, is 15 any piece of equipment that we have to rent. For 16 example, we have two printer fax -- or fax copiers in 17 our corporate office. That's a significant piece of 18 that. 19 Q In your corporate office, how many people 20 work? 21 A Regularly? Regularly, eight. But our 22 nursing directors can office there, so on varying 23 degrees of involvement can be 14. 24 Q Are there any other physicians that are 25 officed at your corporate office?</p>	<p style="text-align: right;">16</p> <p>1 Q Where is that officed? 2 A Officed out of the apartment that I have in 3 St. Cloud. 4 Q You have \$129,000 in legal fees. Is that 5 right? 6 A Correct. 7 Q Any of those legal fees devoted to the 8 payment of a lawsuit, defense of lawsuits? 9 A Some are. 10 Q How much of that 129, would you say? 11 A I don't recall exact dollar amounts. 12 Q Most? 13 A No. 14 Q The majority? 15 A No. 16 Q Okay. Management -- 17 A Minority. 18 Q Okay. Sorry. I didn't mean to -- I 19 thought you were done with the answer. 20 Management fees, who is that paid to? 21 A That's all the funds that go to Dr. Todd 22 Leonard Consulting. 23 Q So that's 421,837.40. 24 Has that increased since 2017? 25 A Mildly. Mildly.</p>
<p style="text-align: right;">15</p> <p>1 A Not regularly. 2 Q Who's the janitorial expense paid to? 3 A Just our cleaning company, and any other 4 services where we've had to have somebody come in and 5 clean or... 6 Q That's not paid to TL Clearwater 7 Properties? 8 A No. 9 Q And it says "grounds maintenance" on 10 page 2. The \$16,000. Who's that -- is that paid for 11 the grounds maintenance at the Evergreen location, or 12 is it strictly at the TL -- 13 A At Kruchten Court. 14 Q So it is just the TL Clearwater Properties? 15 A Correct. 16 Q So is that paid to TL Properties? 17 A No. At that time it was Behrendt 18 Contracting. 19 Q Are there any other tenants of the Kruchten 20 Court property? 21 A No. 22 Q Does your other corporate -- limited 23 liability corporation, is that officed at the 24 Kruchten Court property as well? 25 A No.</p>	<p style="text-align: right;">17</p> <p>1 All taxes are taken from that amount. MEnD 2 is a disregarded entity, so for tax purposes all 3 taxes are paid out of those funds that are provided 4 to Dr. Todd Leonard Consulting. 5 Q Just like they would be on any fund -- on 6 any income item, they'd be? 7 A Well, there's federal tax deposits, there's 8 state tax deposits. 9 Total taxes in 2017 was approximately 10 200,000. 11 Q For -- for MEnD? 12 A MEnD's a disregarded entity, so it's 13 basically for me working with MEnD, Dr. Todd Leonard 14 Consulting, and personally. 15 Q Subcontractor. Who is that payment made 16 to? 17 A That's Dr. Steve Skurr. I don't -- I don't 18 recall -- 19 Q Steve? What's his last name? 20 A Skurr. S-K-U-R-R. 21 I don't recall if there's any -- if there's 22 any other recipient of those funds, it would be a 23 minimal portion of it. 24 Q So most of it is for the other physician 25 that MEnD has --</p>

<p style="text-align: right;">18</p> <p>1 A Dr. Skurr. 2 Q Let me finish my question, please. 3 -- the other physician that MEnD had 4 working part-time in 2017? 5 A Yes. It's for the other physician that 6 works with us. Correct. 7 Q Do you know the hourly rate that that is 8 paid at? 9 A It's a combination. There is a -- an 10 agreement for a portion of his services at a flat 11 monthly stipend, and then there's a portion of his 12 service that is billed at an hourly rate. The 13 portion that is billed at an hourly rate is at 100 14 per hour. 15 Q Has that increased over the -- is he still 16 employed by you? 17 A He's subcontracted by me. Correct. 18 Q So as a subcontractor, he would control 19 when and where he works? 20 A He works with me in partnership, but, 21 ultimately, as a subcontractor. 22 Q But he's not a partner? 23 A No. 24 Q And you've said -- what's his monthly 25 stipend?</p>	<p style="text-align: right;">20</p> <p>1 directly with and for MEnD. 2 Q So for a few hours a week you get 3 \$421,837.40? Is that right? 4 A No. That's not correct. 5 Q Okay. 6 A I -- 7 MR. NOVAK: You've answer the question. 8 Wait until there is another question. 9 BY MR. BENNETT: 10 Q Well, how do you -- you -- you get that -- 11 that management fee is paid to Dr. Todd Leonard 12 Consulting? 13 A That is correct. 14 Q Okay. And that's for what kind of work? 15 A That's for the work that I do for MEnD 16 Correctional Care. I don't take a salary for MEnD 17 Correctional Care. 18 Q Okay. 19 A And as I stated earlier, that includes all 20 tax payments that need to be made. 21 Q Well, that's sort of -- everybody's check 22 includes tax payments. Right? 23 A No. 24 Q If you're an owner? 25 A This is different. It's -- MEnD is a</p>
<p style="text-align: right;">19</p> <p>1 A So the portion that is set at a monthly 2 stipend is 2500 per month. 3 Q That's times 12? 4 A Correct. 5 Q So, for example, the monthly stipend would 6 be 30,000 of the 37,775. Right? 7 A Yeah, sorry. I have to find where you're 8 at. 9 Q The subcontractor. 10 A Got it. Yep. Correct. 11 Q And then the 7,007 -- he worked 77 hours in 12 the course of a year or -- at the \$100 rate? 13 A Whatever the math comes to. Correct. 14 That's what he would have worked. 15 Q All right. How many hours a week do you 16 work for MEnD Correctional Care? 17 A It varies. I mean, I'm -- I'm full time, 18 so I -- it varies per week. 19 Q Well, you work for MEnD -- Dr. Todd Leonard 20 Consulting too. How many hours a week do you work 21 for them? 22 A Dr. Todd Leonard Consulting is simply 23 myself. That's a small amount of my time. A few 24 hours a week, maximum. 25 The vast, vast bulk of my time is working</p>	<p style="text-align: right;">21</p> <p>1 disregarded entity. All of its tax payments flow 2 through my own business. 3 Q Yeah. So it goes to your personal return. 4 A Ultimately. 5 Q Yeah. 6 A Correct. 7 Q Is Dr. Todd Leonard Consulting also a 8 disregarded entity? 9 A No. It's an LLC. 10 Q All right. 11 Relocation expense. I assume that was the 12 move. Right? 13 A No. That was money that we spent moving 14 one of our medical directors to join our company. 15 Q Okay. 16 Cell phone expense. Who's that? Whose 17 phone is that? 18 A That's all of our nursing director, office 19 manager, and other directors' cell phones, work cell 20 phones, in a package. 21 Q So by "other directors," you mean who? 22 A All of our nursing directors, mental health 23 director, human resources director, office manager, 24 myself. 25 Q So -- and the travel expense, is that your</p>

<p style="text-align: right;">22</p> <p>1 travel expense?</p> <p>2 A I -- you'd have to be more specific. I'm</p> <p>3 sorry.</p> <p>4 Q Well, it says, "Travel" -- I'm looking</p> <p>5 under the traveling expense. How would you describe</p> <p>6 those payments, then?</p> <p>7 A There's a myriad of travel expenses with</p> <p>8 our company. We have expenses for all of our</p> <p>9 directors for all their travel. Medical providers,</p> <p>10 when they need to travel. Myself, when I need to</p> <p>11 travel. Anybody -- float nurses. Anybody in our</p> <p>12 company that needs to have travel either</p> <p>13 reimbursed -- hotel stays. All of it.</p> <p>14 Q Where are the utilities paid? For what</p> <p>15 property are the utilities paid?</p> <p>16 A At Kruchten Court.</p> <p>17 Q And that's in addition to the 8500 a month?</p> <p>18 A Correct.</p> <p>19 Q And the same would be true of the ground</p> <p>20 maintenance, that's in addition?</p> <p>21 A Correct.</p> <p>22 Q What's miscellaneous income? And who --</p> <p>23 who makes the miscellaneous income?</p> <p>24 A Miscellaneous income is what we invoice our</p> <p>25 customers for restocking emergency kit medications.</p>	<p style="text-align: right;">24</p> <p>1 A Likely.</p> <p>2 Q How many today?</p> <p>3 A Total, full- and part-time, approximately</p> <p>4 180.</p> <p>5 Q And of that 180, there's one full-time</p> <p>6 medical doctor. Correct?</p> <p>7 A Yes.</p> <p>8 Q That's you?</p> <p>9 A Correct.</p> <p>10 Q And one part-time medical doctor?</p> <p>11 A Correct.</p> <p>12 Q In November of 2017, how many were there,</p> <p>13 do you know?</p> <p>14 A Any -- how many --</p> <p>15 Q Employees.</p> <p>16 A I don't -- I don't recall that detail.</p> <p>17 Q And just to be clear, when you refer to</p> <p>18 "director," you're not saying they're on the board of</p> <p>19 directors?</p> <p>20 A Nope. Nursing directors, mental health</p> <p>21 director, director of nursing, training director.</p> <p>22 Those directors --</p> <p>23 Q And your title at MENd is?</p> <p>24 A President and chief medical officer.</p> <p>25 Q And what is your title at Dr. Todd Leonard</p>
<p style="text-align: right;">23</p> <p>1 So we make no money on that. But technically, we</p> <p>2 have to invoice them for it to be reimbursed.</p> <p>3 Q Okay.</p> <p>4 Has MENd ever had any other members other</p> <p>5 than you?</p> <p>6 A No.</p> <p>7 (Sotto voce remarks between plaintiff</p> <p>8 counsel.)</p> <p>9 (Exhibit 55 was marked for identification.)</p> <p>10 BY MR. BENNETT:</p> <p>11 Q This is the Secretary of State business</p> <p>12 record details for Dr. Todd Leonard Consulting, LLC.</p> <p>13 Correct?</p> <p>14 A It appears so, yes.</p> <p>15 Q And its registered office is not an</p> <p>16 apartment in St. Cloud. Is it?</p> <p>17 A No.</p> <p>18 Q It's your home in Mahtomedi?</p> <p>19 A Correct.</p> <p>20 Q When MENd consulting -- excuse me.</p> <p>21 When MENd was formed, how many employees</p> <p>22 did it have?</p> <p>23 A I don't recall, top of my head. It was a</p> <p>24 very low number.</p> <p>25 Q Under five?</p>	<p style="text-align: right;">25</p> <p>1 Consulting?</p> <p>2 A There's no particular title. I'm the</p> <p>3 owner.</p> <p>4 Q You talked to the reporters from the Duluth</p> <p>5 News Tribune. Is that correct? In 2016? Do you</p> <p>6 remember that?</p> <p>7 A I don't recall when, but I recall speaking</p> <p>8 with a reporter from that paper. Correct.</p> <p>9 Q And you said that 10 percent of your time</p> <p>10 will be clinical, and 90 percent will be -- or -- and</p> <p>11 90 percent administrative. In 2016.</p> <p>12 A What I meant by that was 10 percent would</p> <p>13 be --</p> <p>14 Q I didn't ask you what you meant. Is</p> <p>15 that -- did you say that?</p> <p>16 A I don't recall.</p> <p>17 MR. NOVAK: Didn't we cover this in his</p> <p>18 individual deposition that you took for several</p> <p>19 hours, Counsel?</p> <p>20 MR. BENNETT: No.</p> <p>21 MR. NOVAK: Okay. This is a corporate</p> <p>22 30(b)(6) deposition.</p> <p>23 MR. BENNETT: Well, I'm trying to figure</p> <p>24 out what he does and -- I understand.</p> <p>25 (Exhibit 56 was marked for identification.)</p>

<p style="text-align: right;">26</p> <p>1 BY MR. BENNETT: 2 Q Do you recall that article? 3 A I do. 4 Q And when you're talking about "in our 5 business model," you're talking about MEnD 6 Correctional Care. Correct? 7 A Yes. Yes. 8 Q And you're quoted as saying, "In our 9 business model, 10 percent of my time will be 10 clinical and 90 percent administrative, whereas when 11 we started, it was exactly the opposite." 12 Did you say that? 13 A I did say that, if it's quoted. Yes. 14 Q Now, it also says that MEnD got started 15 from -- in 2006 when you got a call from a childhood 16 friend who had grown up to be sheriff of Sherburne 17 County. Who was that person? 18 A Well, that's not exactly how it was stated. 19 But it was an old friend of mine, Sheriff Bruce 20 Anderson at the time. 21 Q Okay. 22 How old -- how much older is Anderson than 23 you? 24 A I wouldn't know. I don't know his age. 25 Q He was a childhood friend, though?</p>	<p style="text-align: right;">28</p> <p>1 in the jail? 2 A It means exactly what I said. Where -- 3 Where I am, you know, chiefly responsible for the 4 care of patients within a facility. I am the direct 5 person who's caring for those patients. 6 Q Well, other than Dr. Skurr, isn't that true 7 all the time? 8 A No. I have a team of medical providers 9 that work for me in all of our facilities. 10 Q Physician is the -- is the top of the 11 medical provider pyramid. Correct? 12 A Our medical providers, licensed, trained, 13 and very capable of providing day-to-day care. I 14 supervise that team. 15 Q Well, you're responsible for the team. 16 A I'm responsible for managing and overseeing 17 the team. 18 Q What other physician, other than Dr. Skurr 19 and you, would be responsible for the care of the 20 inmates that you contract to provide medical care 21 for? 22 A Well, our entire medical team is 23 responsible for the care of our inmates. And I am 24 responsible for the supervision, oversight of my 25 team.</p>
<p style="text-align: right;">27</p> <p>1 A No. He was a friend of mine when I was a 2 child. 3 Q Okay. He was older than you? 4 A Correct. 5 Q And this says in November 1st of 2016, it 6 says that at that time MEnD served 33 of the 80 7 Minnesota counties that have their own jails. 8 A Okay. 9 Q I'm reading. It's the second to last page 10 of the article. Is that true? 11 A It -- yep. If I said that's what we were 12 doing at the time. 13 Q And you estimated for this article that the 14 company cares for half of the state's county jail 15 inmates? 16 A It was an estimate, but it was probably 17 pretty close. 18 Q And the word "clinical" to you, as the 19 chief medical officer of MEnD, what does that mean? 20 A In what context? I'm sorry. 21 Q In the context you used it in -- in this 22 article, Exhibit 56. 23 A Where I would be chiefly responsible for 24 the direct care of patients myself. 25 Q It doesn't necessarily mean in the clinic,</p>	<p style="text-align: right;">29</p> <p>1 Q "Administrative" means what to you? 2 A A whole host of tasks. It can be related 3 to the management, consultation, oversight of my 4 medical team. It could mean any corporate endeavor 5 that I have to pursue that, period of time. Any 6 other tasks that aren't related to my chief 7 responsibility of providing direct care to patients. 8 Q That's your chief responsibility? 9 A No. That's not what I said. 10 Q Okay. What is your chief responsibility? 11 A My chief responsibility is to -- a number 12 of things. To manage our team; to oversee medical 13 care provided by our team; and to provide other 14 administrative duties that are required to manage 15 this company. 16 Q For MEnD Correctional Care, who gives 17 physician's orders? 18 A If it's a physician order, it's me. 19 Q Or Dr. Skurr? 20 A Exactly. 21 Q And if it isn't a physician's order, it 22 could be anybody else? 23 A Any licensed medical provider, if they are 24 giving a medical provider order. 25 Q Well, are there medical provider orders</p>

<p style="text-align: right;">30</p> <p>1 that you don't have to approve?</p> <p>2 A Many.</p> <p>3 Q Are the medical -- are there orders that</p> <p>4 you approve after the fact, as the administrator or</p> <p>5 as the doctor?</p> <p>6 A No. That's not a -- that's not a mandate.</p> <p>7 Q Well -- all right.</p> <p>8 Are you ultimately responsible for sales?</p> <p>9 A A team effort.</p> <p>10 Q And I -- ultimately responsible. You</p> <p>11 the -- are you the person in charge of sales?</p> <p>12 A I certainly supervise sales. Sure.</p> <p>13 Q Do you make them yourself?</p> <p>14 A What --</p> <p>15 Q Do you talk to the sheriffs and the county</p> <p>16 boards yourself?</p> <p>17 A Many times.</p> <p>18 Q Uh-huh. How often per year?</p> <p>19 A Depends on the year and the dynamics of the</p> <p>20 business.</p> <p>21 Q Are you involved in the formation of every</p> <p>22 contract with every county jail?</p> <p>23 A I'm always involved. I'm always involved.</p> <p>24 To some degree.</p> <p>25 Q Do you have to sign every one?</p>	<p style="text-align: right;">32</p> <p>1 A Yeah. I can recall that.</p> <p>2 Q How many?</p> <p>3 A A low number. Two, maybe three.</p> <p>4 Q How many county board meetings have you</p> <p>5 been to?</p> <p>6 A I don't know the number, offhand. Probably</p> <p>7 8 to 12.</p> <p>8 Q In your lifetime?</p> <p>9 A Yes. Oftentimes, they don't require my</p> <p>10 presence.</p> <p>11 Q With reference to a contract with a county,</p> <p>12 do you always meet with the sheriff?</p> <p>13 A Not always. Just depends on the county's</p> <p>14 preference.</p> <p>15 Q Who handles your interface with -- MEnD's</p> <p>16 interface with legal, lawyers?</p> <p>17 A A team effort. Myself, my HR director, my</p> <p>18 office manager, my director of nursing.</p> <p>19 Occasionally, my mental health director.</p> <p>20 Q So we have -- I want to go through the</p> <p>21 medical staff that MEnD Correctional Care has.</p> <p>22 We know that in 2017 there was one</p> <p>23 full-time physician and one part-time physician.</p> <p>24 Correct?</p> <p>25 A Correct.</p>
<p style="text-align: right;">31</p> <p>1 A Correct.</p> <p>2 Q Okay. Nobody else can sign it?</p> <p>3 A On my behalf, no.</p> <p>4 Q Well, on behalf of MEnD Correctional Care.</p> <p>5 A Well, I've chosen to sign them. Does it</p> <p>6 have to be me that signs them? No. I've chosen to</p> <p>7 have myself sign them.</p> <p>8 Q So you just deal with all the contracts?</p> <p>9 A I am involved to some extent. Obviously,</p> <p>10 legal counsel is involved, other staff are involved.</p> <p>11 Q Have you ever had anybody other than</p> <p>12 yourself make a presentation to a county board?</p> <p>13 A Yes.</p> <p>14 Q Who?</p> <p>15 A I've had my office manager and my director</p> <p>16 of nursing do it.</p> <p>17 Q Have you been involved in every one that</p> <p>18 they've been involved in, in making the presentation</p> <p>19 to the county board?</p> <p>20 A I'm sure I had some degree of involvement;</p> <p>21 I just can't recall specifically.</p> <p>22 Q Do you ever recall not being at a county</p> <p>23 board meeting where your contract was being discussed</p> <p>24 and one of those other people were there in your</p> <p>25 stead?</p>	<p style="text-align: right;">33</p> <p>1 Q How many psychologists did MEnD employ or</p> <p>2 contract with in 2017?</p> <p>3 A I believe that particular credentialing,</p> <p>4 one, in 2017.</p> <p>5 Q One full-time and one -- any part-time?</p> <p>6 A No. We have other mental health</p> <p>7 professionals, they're just not psychologists.</p> <p>8 That's why -- that's a very particular educational</p> <p>9 credentialing.</p> <p>10 (Sotto voce remarks between plaintiff</p> <p>11 counsel.)</p> <p>12 MR. NOVAK: Do you want to use the ones you</p> <p>13 marked the last time you asked him questions? Are</p> <p>14 you going to remark them?</p> <p>15 MR. BENNETT: I don't think I -- did I --</p> <p>16 did I mark them? I didn't see they were marked as</p> <p>17 exhibits.</p> <p>18 MR. NOVAK: I know there was -- I know we</p> <p>19 talked about it for quite a while last time.</p> <p>20 MR. BENNETT: Well, I want to use the...</p> <p>21 MR. NOVAK: Bob, I need to use the</p> <p>22 restroom. Is this a good time?</p> <p>23 MR. BENNETT: Sure.</p> <p>24 (Recess taken from 10:23 to 10:29 a.m.)</p> <p>25 VIDEOGRAPHER: This is file number two. We</p>

<p style="text-align: right;">34</p> <p>1 are on the record at 10:30 a.m. 2 BY MR. BENNETT: 3 Q Page -- just -- I'm referring to -- to the 4 "qualified mental health professional" definition in 5 the NCCHC 2014 Standards for Health Services in 6 Jails. 7 A Okay. 8 Q And you're NCCHC certified. Correct? 9 A Personally certified. 10 Q Personally. Yeah. And I want to get to 11 that. 12 Are any of the jails that MEnD does 13 correctional medical care for accredited with the 14 NCCHC? 15 A We're pursuing it right now in Sherburne 16 County Jail. 17 Q Okay. The answer right now is no. In 2017 18 none were. Correct? 19 A No. Correct. 20 Q And "none" would be the answer this -- at 21 this point in time that you and I sit here talking to 22 each other under oath today? 23 A Correct. 24 Q And the process of accreditation can take a 25 while. Can't it?</p>	<p style="text-align: right;">36</p> <p>1 Q Okay. When did that occur? 2 A It occurred within the last three months. 3 Q And in 2017 you had one psychologist. 4 Correct? 5 A One psychologist and a team of other mental 6 health professionals. 7 Q All right. How many psychiatric social 8 workers did you have in 2017? 9 A Psychiatric social workers. I don't know 10 if -- I don't recall the specific licensure of each 11 mental health professional, so I just can't tell you 12 which ones may have had that credential versus LBCC 13 versus LMFT. I just don't recall. 14 Q Well, you know, as you sit here today, it 15 is true that you don't remember having any 16 psychiatric social worker employed by MEnD in 2017. 17 Correct? 18 A I just don't know if we had someone with 19 those particular credentials in 2017. 20 Q You can't recall any today? 21 A I just don't know. 22 Q Well, hold it. Can you -- you can't give 23 me a name today. Right? 24 A From 2017? 25 Q Yeah.</p>
<p style="text-align: right;">35</p> <p>1 A Yeah. I don't have it to that level of 2 detail. But it can take months. Correct. 3 Q But despite the fact that -- you've been 4 NCCHC personally certified for how long? 5 A Nine years. 6 Q And in none of -- in those nine years, none 7 of the counties that you have contracted with have 8 been accredited by the NCCHC? 9 A Correct. None of them have. 10 Q And in terms of the NCCH version of 11 "qualified mental health professionals" in 2017, did 12 MEnD employ, either part-time or full-time, any 13 psychiatrist? 14 A We did not directly employ a psychiatrist 15 at that time. 16 Q Well, did you indirectly employ a 17 psychiatrist? 18 A No. We would -- we would refer to 19 community providers when we felt like we needed them. 20 We just didn't have them in-house. 21 Q Well, you -- you didn't -- you didn't have 22 that version of -- you didn't have psychiatrists 23 employed in 2017 or now? 24 A We have a psychiatric provider employed 25 now.</p>	<p style="text-align: right;">37</p> <p>1 A That's a psychiatric social worker? 2 Q Correct. 3 A I -- I just don't know. 4 Q Okay. I'll take that as a no. 5 How about psychiatric nurses? 6 A No. 7 Q How about -- 8 A And, sir, I don't know where you are on 9 here. 10 Q You don't -- I'm just asking the question. 11 A Okay. 12 Q Did you have any other people you employed 13 who, by virtue of their education, credentials and 14 experience, were permitted by law to evaluate and 15 care for the mental health needs of patients? 16 A Many. 17 Q Oh, really? Who? 18 A I had a team of mental health 19 professionals, as I stated. And -- 20 Q What -- hold on -- team. Which -- what 21 team and what psychologist? 22 A And -- 2017 I would have had seven or eight 23 other mental health professionals that all, by virtue 24 of their licensing, credentialing and education, 25 qualified as qualified mental health professionals.</p>

<p style="text-align: right;">38</p> <p>1 I also -- all of my medical providers, also 2 by virtue of their education and credentialing, 3 qualify as qualified mental health professionals. 4 So in total, I probably would have had 5 approximately 16 employed at that time. 6 Q How many in Sherburne County? 7 A In 2017, it would have been 1.5 FTE, 8 approximately, working there. 9 Q Who was the other .5? 10 A I don't remember the name. We would have 11 had another mental health professional working in 12 there approximately two days a week. 13 Q Who was that? 14 A Again, I don't recall the name. 15 Q Do you recall their qualifications? 16 A It would have just -- it would have been 17 mental health professional, as I just laid out a 18 short while ago. And then our mental health director 19 also worked in there at that time, varying degrees 20 each week. Depended on workload and... 21 Q While we're on the NCCHC -- well, let me 22 ask you this. Did you ever do any review of suicides 23 at MEnD? 24 A I've -- I've reviewed, any time we've had a 25 completed suicide.</p>	<p style="text-align: right;">40</p> <p>1 BY MR. BENNETT: 2 Q Have you seen Exhibit 57? 3 A Yes. 4 Q Did you sign it and date it and get it 5 notarized? 6 A Yes. 7 Q And do you see that it states in the middle 8 of answer to Interrogatory No. 13, "Notwithstanding 9 these objections and subject to them, MEnD does not 10 maintain specific information regarding facility 11 death data." 12 A And the next sentence explains how -- 13 Q Well -- 14 A -- we changed our -- 15 Q -- I didn't ask you about the next 16 sentence. I'll ask you about the next sentence 17 later. 18 You didn't -- this is -- that statement is 19 correct, in the middle? 20 A Yeah. And what -- what that statement 21 means is prior to us tracking deaths in 2017, I had 22 no death data in our documentation ongoing. 23 But in 2017, we began tracking in-custody 24 deaths, the data for each. Whether it was suicide or 25 non-suicidal.</p>
<p style="text-align: right;">39</p> <p>1 Q Well, you don't keep records of those, I 2 am -- I'm told. Right? 3 A I review each case on its own merits. And 4 if there is substantive concern of mine, then I would 5 report that to jail administration. 6 Q I thought -- I thought you were -- isn't 7 the NCCHC, didn't you say that was the best practice, 8 the standard you want to go by? 9 A We -- we try to mirror our work to them. 10 Q And have you represented to us that MEnD 11 does not maintain specific information regarding 12 facility death data? 13 MR. NOVAK: Do you want to show him what 14 you're looking at? 15 MR. BENNETT: Well, it's an unsigned -- 16 the -- fine. 17 Mark this one too. 18 Did you bring the signed copy? 19 MR. NOVAK: It's in the mail. So on its 20 way to me. I mean, I -- we -- I emailed your office 21 last week, or somebody emailed your office last week 22 about exactly where this is at. So... 23 MR. BENNETT: So what number is this? 57, 24 then? 25 (Exhibit 57 was marked for identification.)</p>	<p style="text-align: right;">41</p> <p>1 (Sotto voce remarks between plaintiff 2 counsel.) 3 BY MR. BENNETT: 4 Q What data did you keep? 5 A Just statistical data on where and when a 6 particular death occurred, and whether it was 7 suicidal versus non-suicidal. 8 Q Anything else, other than that? 9 A Ongoing, no. 10 Q The NCCHC has a procedure that you were 11 supposed to follow in the event of an inmate death in 12 the same 2014 Standards for Health Services in Jails. 13 You're familiar with that? 14 A You'll have to show me where you're at, 15 sir. 16 MR. BENNETT: Be happy to. 17 (Exhibit 58 was marked for identification.) 18 BY MR. BENNETT: 19 Q Showing you Exhibit 58. Direct your 20 attention to the second page, which is standard 21 "J-A-10, important." 22 Do you see that? 23 A Yes. 24 Q And it says, the -- it sets forth National 25 Commission on Correctional Health Care's procedure in</p>

<p style="text-align: right;">42</p> <p>1 the event of an inmate death. Is that right?</p> <p>2 A Yes. That's what it says.</p> <p>3 Q And it says that all deaths are reviewed to</p> <p>4 determine the appropriateness of clinical care; to</p> <p>5 ascertain whether changes to practices, procedures or</p> <p>6 policies are warranted; and to identify issues that</p> <p>7 require further study.</p> <p>8 Do you see that?</p> <p>9 A I -- yes.</p> <p>10 Q And this was not a policy you followed in</p> <p>11 2017. Was it?</p> <p>12 A So I can explain what we do. And what we</p> <p>13 did in 2017 --</p> <p>14 Q Did you follow this policy in 2017?</p> <p>15 MR. NOVAK: Object to the form. Asked and</p> <p>16 answered.</p> <p>17 Go ahead and answer again.</p> <p>18 A So what we did is in Sherburne County in</p> <p>19 2017, if there was a death in the facility, the jail</p> <p>20 administration conducted a death investigation. We</p> <p>21 would contribute any information that we could, that</p> <p>22 would be helpful to their investigation.</p> <p>23 I also would review the case, personally,</p> <p>24 to ascertain if there's any substantive issues or</p> <p>25 concerns that we had with our care for that</p>	<p style="text-align: right;">44</p> <p>1 prior deposition, the NCCHC standard in -- for</p> <p>2 correctional health care?</p> <p>3 A I believe the NCCHC is -- is the best</p> <p>4 standards that I've found in correctional health</p> <p>5 care.</p> <p>6 Q Well, didn't you actually testify, "In</p> <p>7 correctional health care, we go by the best practice.</p> <p>8 And by best practice, I go by the NCCHC"? Top of</p> <p>9 that.</p> <p>10 A Sure. We -- and that's -- that's what we</p> <p>11 try to follow in everything that we do.</p> <p>12 Q I haven't been provided any record, any</p> <p>13 written evidence, that you -- that is MEnD -- did an</p> <p>14 administrative review on its own of this. Did they?</p> <p>15 A Well, as I just mentioned, the</p> <p>16 administrative review for this case in Sherburne</p> <p>17 County would have been supervised and led by jail</p> <p>18 administration. That's who conducts the jail death</p> <p>19 investigation.</p> <p>20 Q And there are three kinds of reviews done</p> <p>21 under this statute -- or under this standard. Excuse</p> <p>22 me. Correct?</p> <p>23 There's an administrative review. Right?</p> <p>24 A Correct.</p> <p>25 Q Then there's a clinical mortality review?</p>
<p style="text-align: right;">43</p> <p>1 particular case.</p> <p>2 BY MR. BENNETT:</p> <p>3 Q I don't see any record of your involvement</p> <p>4 in the review that was completed by Sherburne County.</p> <p>5 Did you have any input in that?</p> <p>6 A Indirectly. I discussed, as it was going</p> <p>7 on, with our nursing director, any information she</p> <p>8 needed. She acquired information that they</p> <p>9 requested. And anything that they request from us,</p> <p>10 then we deliver it to them, typically through my</p> <p>11 nursing director.</p> <p>12 Q Well, why don't you take a minute to look</p> <p>13 at J-A-10 and tell me if MEnD Correctional Care</p> <p>14 actually followed this policy in 2017.</p> <p>15 You can just tell me a yes or no. Can't</p> <p>16 you?</p> <p>17 A Yeah. So we wouldn't -- we did not follow</p> <p>18 this to the letter of this standard because we were</p> <p>19 not an accredited facility at the time.</p> <p>20 Q Well --</p> <p>21 A So once we have an accreditation. Also,</p> <p>22 this is an "important" but not "essential" standard.</p> <p>23 So there will be some discretion of how far we follow</p> <p>24 this once we get accredited.</p> <p>25 Q But it certainly is, as you stated in your</p>	<p style="text-align: right;">45</p> <p>1 A Correct.</p> <p>2 Q And that's an assessment of the clinical</p> <p>3 care provided and the circumstances leading up to a</p> <p>4 death. Its purpose is to identify areas of patient</p> <p>5 care or system policies and procedures that can be</p> <p>6 improved.</p> <p>7 A That's exactly what it says. Correct.</p> <p>8 Q Were you part of any clinical mortality</p> <p>9 review?</p> <p>10 A Yes. In -- in --</p> <p>11 Q Where is that? Have you got a document</p> <p>12 that shows -- that verifies that?</p> <p>13 A Nope. What I -- what I do is I review the</p> <p>14 case with my team; gathering information. And if I</p> <p>15 find that there's substantive issues or changes that</p> <p>16 are going to be made, then I will delineate that and</p> <p>17 we will put in place whatever we need to put in place</p> <p>18 to make those changes.</p> <p>19 Q This is all driven by you, then?</p> <p>20 A And my team.</p> <p>21 Q Okay. But it says the standard -- first of</p> <p>22 all, it says the intent of the standard is that</p> <p>23 preventable deaths are avoided. Do you see that?</p> <p>24 A I do see that, yes.</p> <p>25 Q And it says, "A clinical mortality review</p>

<p style="text-align: right;">46</p> <p>1 is conducted to determine the appropriateness of 2 clinical care provided and the effectiveness of the 3 facility's policies and procedures relevant to the 4 circumstances surrounding death." 5 Is that correct? 6 A That is exactly what it says. 7 Q And it also says: Generally, a clinical 8 mortality review asks three key questions: Could the 9 medical response at the time of death be improved? 10 Was an earlier intervention possible? And 11 independent of the cause of death, is there any way 12 to improve patient care? 13 Do you see that? 14 A I see it. 15 Q Is there any document that MEnD possesses 16 that shows that, in the death of James Lynas or any 17 of the other five deaths in -- in 2017? 18 A So there's multiple questions there. I'll 19 answer specifically to this case. 20 I did my review, and I did not find 21 substantive changes that needed to be made in the way 22 care was handled. And so there was no ongoing 23 written response regarding that review that I 24 determined that I needed to make, or substantive 25 changes that I had to put in place.</p>	<p style="text-align: right;">48</p> <p>1 was provided. 2 Q So you were unconcerned about the care that 3 was provided? 4 MR. NOVAK: Object to the form. 5 Argumentative, misstates the testimony. 6 A I've already said. I didn't have 7 substantive concerns with the appropriateness of the 8 care. 9 BY MR. BENNETT: 10 Q Okay. 11 Did you do a psychological autopsy? 12 A I did not. 13 We look at this as just a -- an all-around 14 review of the medical care of the case. Certainly 15 services and performance by all staff members are 16 included in that. 17 Q Well, the -- so -- but a psychological 18 autopsy, if the death was -- and this death was by 19 suicide -- was not done in the James Lynas case. 20 Correct? 21 A As I was trying to say, it isn't -- it 22 isn't pigeonholed into a separate review. We would 23 just do a complete clinical review of the case as a 24 team, as anyone who's involved in his care. 25 Q Did you seek input from other people?</p>
<p style="text-align: right;">47</p> <p>1 Q It says: The clinical mortality review may 2 be conducted by a unit physician not involved in the 3 patient's treatment, a central office or corporate 4 physician, or an outside medical group, and results 5 of the review are to be communicated to the unit 6 staff involved. 7 A Uh-huh. 8 Q So did you do that? 9 A I simply told everyone that I spoke to that 10 I did not find substantive issues with the care of 11 this patient that I felt required changes moving 12 forward. 13 Q Well, you -- did you consider yourself to 14 be a unit physician not involved in the patient's 15 treatment? 16 A I don't know if I would pigeonhole myself 17 into that term. No. I wasn't involved in his care. 18 But as a corporate physician, I felt like I was well 19 versed in -- in conducting this review. 20 Q You didn't do any of that in writing, 21 though? 22 A I -- I would write it down if I felt like I 23 was finding issues that I needed to convey where 24 there would need to be substantive changes, 25 substantive concerns on my part with the care that</p>	<p style="text-align: right;">49</p> <p>1 A Well, I would look at the medical records 2 that were available. And if I had any additional 3 questions just on substance, on performance, I would 4 ask anybody that I needed to ask for clarification. 5 Q So you didn't ask Dr. Robertson when he put 6 the note -- the note that Lynas could be seen on the 7 16th? 8 A I don't recall specific questions I asked 9 him, if I did. 10 Q Well, I think your testimony is you didn't 11 talk to him. You didn't talk to him, did you? 12 A I don't recall if I asked him any questions 13 regarding the case whatsoever. 14 Q Okay. 15 Were you involved with the decision to take 16 down the grates that were used in two of the suicides 17 in Sherburne County Jail? 18 A I'm not sure I understand the question. 19 Q Well, are you aware that they removed any 20 grates from the cell? 21 A I don't recall if I knew that or not at the 22 time. 23 Q Were you involved in any discussion about 24 making the cells that they were housing 15-minute 25 mental health watch people in safer and less</p>

<p style="text-align: right;">50</p> <p>1 available for suicide -- or amenable to suicide?</p> <p>2 A I just don't recall specific conversations</p> <p>3 that I would have had with jail administrator</p> <p>4 regarding that issue.</p> <p>5 Q Now, in the Exhibit 57, you reduced the</p> <p>6 number of counties to 31 in Minnesota. Is that</p> <p>7 correct?</p> <p>8 A Reduced the number of counties.</p> <p>9 Q If you read the supplement.</p> <p>10 MR. NOVAK: What number are you at, Bob?</p> <p>11 He's just --</p> <p>12 BY MR. BENNETT:</p> <p>13 Q The supplement to Interrogatory No. 3.</p> <p>14 A So I'm not -- I don't understand the</p> <p>15 question. I'm sorry.</p> <p>16 Q Well, count the number of counties that was</p> <p>17 in your original answer.</p> <p>18 A There's counties and there's facilities.</p> <p>19 So Dakota has an adult and a juvenile center, and</p> <p>20 Olmsted has an adult and a juvenile center. So a</p> <p>21 total of facilities is 33, and a total of counties is</p> <p>22 31, then.</p> <p>23 Q Well, how many contracts are there?</p> <p>24 A 33.</p> <p>25 Q Okay. So contracts would be wrong in the</p>	<p style="text-align: right;">52</p> <p>1 wanted, then.</p> <p>2 Q No. You -- I -- this is your answer under</p> <p>3 oath. So --</p> <p>4 A I --</p> <p>5 Q -- you answered the question as it's</p> <p>6 written. Correct?</p> <p>7 A I answered as I understood it.</p> <p>8 Q What is the difference between the first --</p> <p>9 35 and 31? The first answer to No. 3 and the</p> <p>10 supplement?</p> <p>11 A Well -- I'm sorry, I'm not following.</p> <p>12 Q What is the difference? You took four out.</p> <p>13 A Because they're Minnesota. The first part</p> <p>14 was Minnesota.</p> <p>15 Q Yeah.</p> <p>16 A And then the second part is other states</p> <p>17 involved.</p> <p>18 Q Which I didn't ask. But I got that.</p> <p>19 A Okay.</p> <p>20 Q The -- but the counties in Minnesota --</p> <p>21 count the number of counties in this one, count the</p> <p>22 number of Minnesota counties in this one.</p> <p>23 A Oh, okay.</p> <p>24 This was clarifying --</p> <p>25 Q Which one?</p>
<p style="text-align: right;">51</p> <p>1 present supplement, then?</p> <p>2 A I'm not sure I'm following.</p> <p>3 Q It asks, you had contracts with the</p> <p>4 following counties. And you reduced it from 35 to</p> <p>5 31.</p> <p>6 A I guess you can decide whether you feel</p> <p>7 there's a separate contract that -- if a county is a</p> <p>8 county or --</p> <p>9 Q Well, you have the contracts. I assume you</p> <p>10 looked at and counted them when you answered this</p> <p>11 interrogatory.</p> <p>12 A Well, I -- I answered the question the way</p> <p>13 I thought it should be answered.</p> <p>14 Q It says --</p> <p>15 A -- in terms of these are the counties. And</p> <p>16 I look at a contract with a county as encompassing</p> <p>17 for that county. If you look at it differently than</p> <p>18 that, then you look at it differently than that.</p> <p>19 Q No. I just said active Minnesota</p> <p>20 contracts.</p> <p>21 A Yep.</p> <p>22 Q That's what the question says.</p> <p>23 A Okay.</p> <p>24 Q And you --</p> <p>25 A I answered in a different context than you</p>	<p style="text-align: right;">53</p> <p>1 A The supplement was clarifying previous</p> <p>2 inaccuracy. So the supplement is accurate.</p> <p>3 Q What was inaccurate about the first answer?</p> <p>4 A There was a couple of counties that we</p> <p>5 hadn't contracted with yet.</p> <p>6 Q Well --</p> <p>7 A So we hadn't contracted with Jackson yet,</p> <p>8 and -- I'd have to compare the two to tell you which</p> <p>9 ones, you know.</p> <p>10 (Exhibit 59 was marked for identification.)</p> <p>11 BY MR. BENNETT:</p> <p>12 Q Let's -- Exhibit 59 is MEnD's own press</p> <p>13 release. Right?</p> <p>14 A Yes.</p> <p>15 Q Okay.</p> <p>16 And you write in November 23rd, 2016 --</p> <p>17 That's the date of this. Correct?</p> <p>18 A Correct.</p> <p>19 Q -- that Story County, Iowa has become the</p> <p>20 latest county to partner with MEnD Correctional Care.</p> <p>21 Right?</p> <p>22 A Correct.</p> <p>23 Q And that says the collaboration has now</p> <p>24 expanded your care model into three states.</p> <p>25 (Sotto voce remarks between plaintiff</p>

<p style="text-align: right;">54</p> <p>1 counsel.) 2 (Exhibit 60 was marked for identification.) 3 BY MR. BENNETT: 4 Q So 59, if you go to the -- the end of the 5 second -- end of the first paragraph. It says, "It 6 is with great pride that we now serve 37 county 7 facilities within Minnesota, Wisconsin, and now 8 Iowa." 9 Right? 10 A That's what it says. 11 Q So how many counties did you have in Iowa 12 in 2017? Or -- excuse me. Strike that question. 13 How many counties do you have in Wisconsin 14 as of this date? 15 A One. 16 Q And the 37th county was Story County, Iowa. 17 Right? 18 A This is inaccurate. The total on this 19 press release. 20 MR. NOVAK: Just stick with him. Don't 21 worry about it. Just stick with him. 22 THE WITNESS: Okay. 23 BY MR. BENNETT: 24 Q Well, it says, "We now serve 37 county 25 facilities within Minnesota, Wisconsin, and now</p>	<p style="text-align: right;">56</p> <p>1 Q Rock Island. 2 A Rock Island would have been very late in 3 2017. 4 Q Okay. 5 A And began services in earnest on 6 January 1st, 2018. 7 Q The contract was signed in 2017? 8 A It would have been technically signed in 9 2017 for full implementation in January 2018. 10 (Exhibit 61 was marked for identification.) 11 BY MR. BENNETT: 12 Q Exhibit 61 is a map of the counties that 13 you had contracted with in 2017. Correct? By 2017? 14 A I'd have to go through it county by county 15 to ensure accuracy. 16 Q Well, it's more accurate than the 12 17 counties you remembered in your prior deposition 18 which was under oath. Is that true? 19 A I have no idea. 20 MR. NOVAK: Is that a question? Or just -- 21 MR. BENNETT: Well, it's... 22 MR. NOVAK: Did your office create this, 23 or -- 24 MR. BENNETT: Yes. 25</p>
<p style="text-align: right;">55</p> <p>1 Iowa." 2 So that would be one in Iowa, one in 3 Wisconsin, and 35, as of November 23rd, 2016, 4 according to -- 5 MR. NOVAK: Object to form. 6 BY MR. BENNETT: 7 Q -- according to this. Right? 8 A Yes. If the 37 was correct, Story County 9 would be the 37th. 10 Q Okay. 11 Who writes this? 12 A I don't recall who -- which -- are we 13 talking 59? 14 Q Yeah. 59. 15 A I don't recall who wrote this. I just 16 don't recall. 17 Q How about 60? 18 A Same idea. I just -- 19 Q Do you typically write these? 20 A No. Not typically. 21 Q Story was the first county you served in -- 22 you served in Iowa. Correct? 23 A That's correct. 24 Q When did you sign up Rockford, Illinois? 25 A Rock Island?</p>	<p style="text-align: right;">57</p> <p>1 BY MR. BENNETT: 2 Q I've never seen another map like this. But 3 this is -- according to your Interrogatory Answer 4 No. 3, submitted under oath, and I guess in -- 5 consistent with Exhibits 59 and 60, this would be the 6 list of counties that had been contracted with within 7 2017. Is that right. 8 A No. This is incorrect. 9 Q What's incorrect about it? 10 A Just offhand, we weren't working at Rock 11 Island, Benton -- 12 Q I didn't say -- I didn't say "working," did 13 I? The question didn't say "working." It said 14 "contracted." And I just asked you -- 15 A Contract wasn't signed in Benton in 2017. 16 Q Okay. When was that signed? 17 A Early this year. 18 Q Okay. But -- so you take Benton out. 19 A Okay. 20 Q That's the only one that's not signed? 21 A This is why I'd have to review each county. 22 Q Well, we did them off of your -- 23 A Yeah. There's counties circled here, sir. 24 If you want me to give you an accurate answer, I'd 25 have to go through each one and ensure that that</p>

<p style="text-align: right;">58</p> <p>1 particular county was contracted with in 2017.</p> <p>2 Q Well, that's what -- didn't you give us now</p> <p>3 two answers under oath, plus your own -- your own</p> <p>4 press releases?</p> <p>5 A I believe I gave you one answer under oath.</p> <p>6 Q Which one was that?</p> <p>7 A The one I gave you, sir.</p> <p>8 Q I know.</p> <p>9 (Sotto voce remarks between plaintiff</p> <p>10 counsel.)</p> <p>11 A I just would have to cross-reference the</p> <p>12 circles to ensure accuracy, is what I'm saying.</p> <p>13 BY MR. BENNETT:</p> <p>14 Q Why don't you do it. And we'll use your</p> <p>15 Answers to Interrogatories.</p> <p>16 A Okay.</p> <p>17 Q Okay. Here's the one --</p> <p>18 A I'm using this right here.</p> <p>19 Q We still don't have a signed one, so I'm</p> <p>20 going to use this one, which is consistent with</p> <p>21 your -- with your press release in 2016.</p> <p>22 A I'm using the one that I have right in</p> <p>23 front of me. That's --</p> <p>24 Q Well, look at the top one.</p> <p>25 A I already told you that this was a</p>	<p style="text-align: right;">60</p> <p>1 Q Well, that's not what you signed in --</p> <p>2 let's just go through it according to --</p> <p>3 A And this is why I was trying to explain to</p> <p>4 you. This is a correction of --</p> <p>5 Q All right. Fine.</p> <p>6 MR. NOVAK: Counsel, the idea of a</p> <p>7 supplemental discovery response is not -- can't be</p> <p>8 new to you. So --</p> <p>9 MR. BENNETT: Well --</p> <p>10 MR. NOVAK: -- he's trying to get accurate</p> <p>11 information. So --</p> <p>12 MR. BENNETT: It doesn't match up with his</p> <p>13 own -- this is 35. If you use --</p> <p>14 MR. NOVAK: 35 facilities or counties?</p> <p>15 MR. BENNETT: County.</p> <p>16 THE WITNESS: No. And I tried to explain,</p> <p>17 there is an inaccuracy on the press release. I --</p> <p>18 BY MR. BENNETT:</p> <p>19 Q Did you --</p> <p>20 MR. NOVAK: If you want him to match up a</p> <p>21 map based on an answer that he's telling you he can</p> <p>22 supplement to be more accurate, you should feel free</p> <p>23 to do that.</p> <p>24 BY MR. BENNETT:</p> <p>25 Q Did you look at the contract with Becker</p>
<p style="text-align: right;">59</p> <p>1 correction of this.</p> <p>2 Q How do -- who did it? Did you look at the</p> <p>3 actual contracts?</p> <p>4 A Yes.</p> <p>5 Q Did you look at the actual contracts when</p> <p>6 you signed this one, your original answers, under</p> <p>7 oath?</p> <p>8 A I don't know what 'this' is. I'm sorry.</p> <p>9 You'd have to tell me what "this" is.</p> <p>10 MR. BENNETT: Mark this.</p> <p>11 (Sotto voce remarks between plaintiff</p> <p>12 counsel.)</p> <p>13 (Exhibit 62 was marked for identification.)</p> <p>14 BY MR. BENNETT:</p> <p>15 Q You signed those, right? Under oath?</p> <p>16 Page 8?</p> <p>17 A I signed this. Correct.</p> <p>18 Q Okay.</p> <p>19 Okay. Let's just go through it. I'll go</p> <p>20 through it with you.</p> <p>21 Akin County, Minnesota. Find that on</p> <p>22 there? Is that circled?</p> <p>23 A Yes.</p> <p>24 Q Becker?</p> <p>25 A No. Becker is after 2017.</p>	<p style="text-align: right;">61</p> <p>1 County?</p> <p>2 A I did for this answer specifically.</p> <p>3 Q Which answer?</p> <p>4 A Supplemental response that I gave you. that</p> <p>5 is 57.</p> <p>6 Q What did you look at to give me the one</p> <p>7 under oath before? Since I can't see the contracts,</p> <p>8 I gotta rely on you.</p> <p>9 A I looked at the list. And we made a</p> <p>10 mistake and -- and answered the question incorrectly</p> <p>11 in terms of using -- instead of using a snapshot in</p> <p>12 time, we expanded. And what this answer is right</p> <p>13 here is what you would have had a snapshot in time in</p> <p>14 November 2017.</p> <p>15 So I answered the question in the wrong</p> <p>16 context previously. I've corrected it in my</p> <p>17 supplement response.</p> <p>18 Q So what counties are not, as of 2017?</p> <p>19 A On the map?</p> <p>20 Q Yeah.</p> <p>21 A Okay.</p> <p>22 Becker is incorrect. I already mentioned</p> <p>23 Benton County, Iowa is incorrect.</p> <p>24 Q Okay.</p> <p>25 A Rock Island. Jackson. Watonwan. And</p>

<p style="text-align: right;">62</p> <p>1 Pine.</p> <p>2 Q Okay. You serve them all now? Is this</p> <p>3 correct as of today?</p> <p>4 A I don't know this is a complete list as of</p> <p>5 today. I'd have to redo the exercise for today. But</p> <p>6 I'm telling you for 2017, that is what's accurate.</p> <p>7 Q Okay.</p> <p>8 On Exhibit 57, that's the -- you've got it.</p> <p>9 The next page.</p> <p>10 You stated that you didn't keep any records</p> <p>11 of suicide -- deaths by suicide in facilities prior</p> <p>12 to 2017. And it says: At this time, MEnD is aware</p> <p>13 of four deaths of suicide between November of '14 and</p> <p>14 27 -- and November of 2017.</p> <p>15 How many deaths did -- suicide -- by</p> <p>16 suicide, in hanging, did -- did MEnD experience in</p> <p>17 2017?</p> <p>18 A I don't know if I can give you a specific</p> <p>19 number.</p> <p>20 Q Do you remember their names?</p> <p>21 A Two that I remember offhand are Mr. Lynas</p> <p>22 and Mr. Brenner.</p> <p>23 Q That's just covered -- those are the fall</p> <p>24 suicides. Is there a summer suicide?</p> <p>25 A I believe the death in Beltrami County --</p>	<p style="text-align: right;">64</p> <p>1 BY MR. BENNETT:</p> <p>2 Q You presently have contracts with Becker</p> <p>3 County. Correct? MEnD does?</p> <p>4 A Correct.</p> <p>5 Q Watonwan County?</p> <p>6 A Correct.</p> <p>7 Q Rock Island?</p> <p>8 A Correct.</p> <p>9 Q And Jackson?</p> <p>10 A Correct.</p> <p>11 Q Was there another one you mentioned?</p> <p>12 A Benton County, Iowa.</p> <p>13 Q Okay.</p> <p>14 Are there more than that? Because that</p> <p>15 would be -- then this would encompass -- are there</p> <p>16 any other counties in Minnesota or Wisconsin that</p> <p>17 you've added?</p> <p>18 A We've added -- I'll have to go through the</p> <p>19 map.</p> <p>20 We've added a juvenile center in Clay</p> <p>21 County.</p> <p>22 Q Well, you had a contract with Clay before.</p> <p>23 Right?</p> <p>24 A Correct.</p> <p>25 Q Just added that to the contract?</p>
<p style="text-align: right;">63</p> <p>1 Q Stephanie --</p> <p>2 A -- was 2007.</p> <p>3 Q Stephanie Bunker?</p> <p>4 A Correct.</p> <p>5 Q Okay.</p> <p>6 A And I don't recall if any of those suicides</p> <p>7 were not by hanging.</p> <p>8 Q Do you have any recollection of any suicide</p> <p>9 not being by hanging that MEnD was involved at, other</p> <p>10 than Baxter-Jensen?</p> <p>11 A No. I don't recall any -- any other</p> <p>12 suicide that wasn't by hanging, other than that one.</p> <p>13 Q Okay.</p> <p>14 A I can't say that 100 percent, but that's my</p> <p>15 recollection.</p> <p>16 Q Okay. So when was the one in Nobles</p> <p>17 County?</p> <p>18 A I don't recall the exact date.</p> <p>19 Q What was the person's name?</p> <p>20 A I don't recall.</p> <p>21 Q What was the name of the person in Crow</p> <p>22 Wing County in 2015?</p> <p>23 A I don't recall.</p> <p>24 (Sotto voce remarks between plaintiff</p> <p>25 counsel.)</p>	<p style="text-align: right;">65</p> <p>1 A Nope. It's a --</p> <p>2 Q Separate contract?</p> <p>3 A -- separate contract. It's a regional</p> <p>4 juvenile center.</p> <p>5 Q Okay.</p> <p>6 A So you want to know as of today if there's</p> <p>7 any other counties that we work with on this map?</p> <p>8 Q Yeah.</p> <p>9 A I want to make sure I'm answering this</p> <p>10 correctly.</p> <p>11 Q Yeah.</p> <p>12 A Okay.</p> <p>13 Just for complete accuracy, although it's</p> <p>14 not signed yet, we will be signing a contract in the</p> <p>15 next coming days with St. Croix County, Wisconsin.</p> <p>16 Q How big is that facility?</p> <p>17 A Average census is around 110.</p> <p>18 Q And how many at the regional juvenile</p> <p>19 center?</p> <p>20 A It fluctuates greatly. Average, probably,</p> <p>21 40, currently.</p> <p>22 Q And you still have -- the physician usage</p> <p>23 is you and Dr. Skurr still. Correct?</p> <p>24 A Correct.</p> <p>25 Q Has Dr. Skurr's hours increased?</p>

<p style="text-align: right;">66</p> <p>1 A Yes.</p> <p>2 Q To what?</p> <p>3 A It, again, fluctuates. On average, my</p> <p>4 guestimate would be seven hours per week of direct</p> <p>5 care.</p> <p>6 Q Okay.</p> <p>7 A And then --</p> <p>8 Q All right.</p> <p>9 A -- I wouldn't be able to quantify the</p> <p>10 amount of time for consultation, discussion, and any</p> <p>11 of that sort of thing. But --</p> <p>12 Q His monthly stipend, has that gone up?</p> <p>13 A The monthly stipend has not. But the</p> <p>14 billable hours has.</p> <p>15 Q How much?</p> <p>16 A I don't have that number, off the top of my</p> <p>17 head.</p> <p>18 Q Okay.</p> <p>19 So all of these county have -- county jails</p> <p>20 have an improved capacity. Correct?</p> <p>21 A I don't know if that's the term they use.</p> <p>22 They have a maximum capacity that they're staffed</p> <p>23 for. There's a maximum capacity that their facility</p> <p>24 can hold, and a maximum capacity that they're allowed</p> <p>25 by department of corrections to hold because of their</p>	<p style="text-align: right;">68</p> <p>1 mentioning, a facility capacity, and then what the</p> <p>2 DOC will allow them to hold per their staffing --</p> <p>3 BY MR. BENNETT:</p> <p>4 Q What the DOC would approve?</p> <p>5 A -- and those -- and those are -- those</p> <p>6 change all the time, depending on staffing. So I'm</p> <p>7 not equipped well to answer that part of the</p> <p>8 question.</p> <p>9 But in terms of average daily population, I</p> <p>10 can go through quickly and --</p> <p>11 This has got to be extremely close, if</p> <p>12 not -- and again, you're trying to take snapshots</p> <p>13 of --</p> <p>14 Q Sure. But I -- the data was derived from</p> <p>15 the reporting -- these counties report to the DOC.</p> <p>16 You know that?</p> <p>17 A Sure. Yeah. No, that's --</p> <p>18 Q Does it appear to be in the --</p> <p>19 A I mean --</p> <p>20 Q -- realm of reason, as you understand it?</p> <p>21 A Yes. Yes, I -- I agree.</p> <p>22 Q Okay.</p> <p>23 For the most part, would it be fair to say</p> <p>24 that MEN'D's contracts with the counties are generally</p> <p>25 for a fixed price?</p>
<p style="text-align: right;">67</p> <p>1 staffing model. Correctional staff.</p> <p>2 Q And they all have average daily inmate</p> <p>3 population figures. Right?</p> <p>4 A Correct.</p> <p>5 (Sotto voce remarks between plaintiff</p> <p>6 counsel.)</p> <p>7 (Exhibits 63 and 64 were marked for</p> <p>8 identification.)</p> <p>9 BY MR. BENNETT:</p> <p>10 Q Exhibit 63 would marry up to your first</p> <p>11 interrogatory. And Exhibit 64 would marry up, in</p> <p>12 terms of Minnesota, with your second interrogatory,</p> <p>13 your supplemental interrogatory. Is that correct?</p> <p>14 A I'd have to look through to ensure that.</p> <p>15 Q Well, I'll represent to you -- well, that's</p> <p>16 how they were prepared. You can look through, if</p> <p>17 you'd like.</p> <p>18 Do the approved capacities and average</p> <p>19 daily inmate population figures appear to be about</p> <p>20 what you'd think they'd be?</p> <p>21 A You know, approved capacity is --</p> <p>22 MR. NOVAK: I think he's just asking you</p> <p>23 about whether the numbers are accurate.</p> <p>24 A It's -- it's difficult for me to speak to</p> <p>25 approved capacity because facilities have, as I was</p>	<p style="text-align: right;">69</p> <p>1 A I guess, it would depend on the context of</p> <p>2 our services. Or what are you --</p> <p>3 Q Your general contract -- I know there's</p> <p>4 some things in the contract for which you -- if you</p> <p>5 do extra you can charge extra. Correct?</p> <p>6 A Correct.</p> <p>7 Q But the base contract is essentially a</p> <p>8 fixed-price contract?</p> <p>9 A Yeah. There's -- there's base services,</p> <p>10 and then if there's additional services that we and</p> <p>11 our county partner agree are additionally necessary,</p> <p>12 then we agree to -- to expand those.</p> <p>13 Q And you can -- you can -- there's some</p> <p>14 instances where you get to charge more. But mostly,</p> <p>15 you charge what is the fixed price base contract?</p> <p>16 A It -- it's exactly what I said. It --</p> <p>17 there's base services. And if there's other services</p> <p>18 that are deemed acceptable that we recommend that the</p> <p>19 county sheriff's department, jail administration,</p> <p>20 whoever makes the decision agrees upon, then we'll</p> <p>21 add those as necessary.</p> <p>22 Q Going back to the profit -- profit and loss</p> <p>23 statement. Of the -- of the fee-for-service income</p> <p>24 of 8,953,643.98, how much as a percentage would that</p> <p>25 be for the base contract?</p>

<p style="text-align: right;">70</p> <p>1 A How much base services would be --</p> <p>2 Q In that almost \$9 million.</p> <p>3 A I don't know if I can give you a perfect</p> <p>4 answer to that. Majority, certainly.</p> <p>5 Q By "majority," do you mean --</p> <p>6 A Large majority.</p> <p>7 Q -- something like 95 percent? 90 percent?</p> <p>8 A I -- I don't want to guess. But certainly</p> <p>9 large -- large majority, I think, is accurate.</p> <p>10 Q All right. I mean, the purpose of your --</p> <p>11 in fact, the selling point to your billing of these</p> <p>12 counties is to give them essentially a fixed-price</p> <p>13 contract. Right?</p> <p>14 A It's to give them at least a large</p> <p>15 percentage of that for budgetary purposes. But,</p> <p>16 again, it's -- we communicate frequently on trends,</p> <p>17 issues, concerns. So where we feel like we need to</p> <p>18 add services, we request it.</p> <p>19 Q Do they always agree to it?</p> <p>20 A Not always.</p> <p>21 Q So you get some pushback?</p> <p>22 A I don't know if I'd call it pushback. Just</p> <p>23 they either agree or they don't agree.</p> <p>24 Q But would you consider the not agreeing to</p> <p>25 be pushback?</p>	<p style="text-align: right;">72</p> <p>1 minority of contracts, certainly.</p> <p>2 Q You can only remember three?</p> <p>3 A Off the top of my head.</p> <p>4 Q Yeah.</p> <p>5 A Correct.</p> <p>6 Q What is -- Dr. Skurr, is he board certified</p> <p>7 in a specialty?</p> <p>8 A Family medicine. But he's a -- I believe</p> <p>9 he's a -- technically, a D.O.</p> <p>10 Q Doctor of osteopathy?</p> <p>11 A Uh-huh.</p> <p>12 Q So he's actually not a medical doctor?</p> <p>13 A Just a medical doctor with a different</p> <p>14 credential.</p> <p>15 Q Do D.O.'s get paid less or more than M.D.s?</p> <p>16 Or the same?</p> <p>17 A I wouldn't know specifically. But to the</p> <p>18 best of my knowledge, they're very similar, if not</p> <p>19 the same.</p> <p>20 Q So would a full-time family practice doctor</p> <p>21 expect to make \$150,000?</p> <p>22 A I can't tell you with certainty where that</p> <p>23 number is right now. My recollection is they would</p> <p>24 expect to make more.</p> <p>25 Q So if MEnD -- and are MEnD's contracts for</p>
<p style="text-align: right;">71</p> <p>1 A I just consider they choose not to accept</p> <p>2 it. I would say the majority of the time they agree.</p> <p>3 Q Okay.</p> <p>4 A But not always.</p> <p>5 Q Who prepares the contracts?</p> <p>6 A It always depends on the county.</p> <p>7 Q Well, typically, is it -- is it a document</p> <p>8 that they create or is it a document that you create?</p> <p>9 A It depends on the county, what their wishes</p> <p>10 are. Some are comfortable using a document created</p> <p>11 by us that they review and revise. Some wish to</p> <p>12 have -- it's just the opposite.</p> <p>13 Q How many wish it the other -- to create</p> <p>14 their own document?</p> <p>15 A I can't give you an exact number.</p> <p>16 Q Tell me the counties you remember that want</p> <p>17 to do that.</p> <p>18 A Just off the top of my head?</p> <p>19 Q Uh-huh.</p> <p>20 A Sherburne, Dakota, and Crow Wing. Those</p> <p>21 are the ones I remember, just by memory.</p> <p>22 Q So something less than 90 -- something in</p> <p>23 the 10 percent area, as opposed to the 50 percent</p> <p>24 area?</p> <p>25 A Certainly not 50. It's less than --</p>	<p style="text-align: right;">73</p> <p>1 multiple years or one year, or renewable</p> <p>2 automatically? Or how does it generally work?</p> <p>3 A Specific to each county. They can state</p> <p>4 multiple years with renewals. Most, if not all, of</p> <p>5 our contracts have a 90-day out without cause clause.</p> <p>6 Q So that -- is that standard in the</p> <p>7 industry?</p> <p>8 A I would say now --</p> <p>9 Q Yeah.</p> <p>10 A -- it is much more standard in the</p> <p>11 industry. I don't know if I can speak to that from</p> <p>12 years back. But I can tell you now it seems to be</p> <p>13 very standard.</p> <p>14 Q So family practice doctors cost -- would</p> <p>15 expect to make more than psychologists? In the</p> <p>16 correctional setting?</p> <p>17 A I would imagine so.</p> <p>18 Q And as you go down the line through the,</p> <p>19 you know, to physician's assistant, certified nurse</p> <p>20 practitioner, all of those things that be -- kind</p> <p>21 of -- there's a hierarchy of pay as there is with a</p> <p>22 hierarchy of credentialing. Correct?</p> <p>23 A I would say on average, P.A.s and nurse</p> <p>24 practitioners make less than physicians.</p> <p>25 Q And R.N.s make less than certified nurse</p>

<p style="text-align: right;">74</p> <p>1 practitioners and P.A.s?</p> <p>2 A Correct.</p> <p>3 Q And L.P.N.s make less than R.N.s?</p> <p>4 A Typically.</p> <p>5 Q But if you hire more people, and the -- and</p> <p>6 the contracts essentially remain the same, you just</p> <p>7 take money off the bottom line for MEnD. Correct?</p> <p>8 A No. If we have to make substantial changes</p> <p>9 or hires, that sort of thing, that's when we discuss</p> <p>10 that topic with our county client, with our jail</p> <p>11 administrator, sheriff, whoever.</p> <p>12 Q Well, if you hired another medical doctor,</p> <p>13 where would you put him or her?</p> <p>14 MR. NOVAK: Object to the form.</p> <p>15 A It would depend on the circumstance. I</p> <p>16 would need more specifics.</p> <p>17 BY MR. BENNETT:</p> <p>18 Q Well, would you -- would they -- would that</p> <p>19 person be at the home office? Could they do their</p> <p>20 work remotely from their home? Would they have to go</p> <p>21 to a specific jail institution? That's what I mean.</p> <p>22 A Again, it would just depend on the</p> <p>23 circumstances.</p> <p>24 Q Well, if it was up to you, where would --</p> <p>25 A The context of hiring that physician.</p>	<p style="text-align: right;">76</p> <p>1 A Last week I was working in Douglas County,</p> <p>2 Wisconsin; Pine County, Minnesota; and Olmsted</p> <p>3 County, Minnesota.</p> <p>4 Q By "working," you mean you actually went to</p> <p>5 those facilities?</p> <p>6 A Correct. I was training a new provider in</p> <p>7 Douglas County and Pine County.</p> <p>8 Q Did you see patients at Douglas County and</p> <p>9 Pine County?</p> <p>10 A Correct.</p> <p>11 Q How much time did you spend seeing patients</p> <p>12 versus training?</p> <p>13 A I wouldn't be able to give you an exact</p> <p>14 amount of time. I guess I just don't calculate it</p> <p>15 that way.</p> <p>16 Q 10 percent?</p> <p>17 A 10 percent which way?</p> <p>18 Q Seeing patients doing clinical work.</p> <p>19 A In that particular day? I --</p> <p>20 Q Last week.</p> <p>21 A I -- I'm not following your question. I'm</p> <p>22 sorry.</p> <p>23 Q Well, you said you -- well, all right. You</p> <p>24 went to -- did you go to Pine, Olmsted and Douglas</p> <p>25 County in one day?</p>
<p style="text-align: right;">75</p> <p>1 Q Well, if it was up to you, where would you</p> <p>2 put them if you hired another one?</p> <p>3 A Currently?</p> <p>4 Q Yeah. Or even made Dr. Skurr full time.</p> <p>5 A I would -- I would have that person be</p> <p>6 based from corporate, and provide some direct</p> <p>7 services, some oversight services, adjunctive</p> <p>8 services that a physician can assist with.</p> <p>9 Q How many patients do you actually see --</p> <p>10 inmates who are patients -- do you actually see in</p> <p>11 any given year?</p> <p>12 A In any given year?</p> <p>13 Q Yeah.</p> <p>14 A Are you talking now? 2017?</p> <p>15 Q Yeah.</p> <p>16 A Now?</p> <p>17 Q Now.</p> <p>18 A I wouldn't be able to give you an exact</p> <p>19 total.</p> <p>20 Q How many did you see last week? In person.</p> <p>21 So that you could --</p> <p>22 A On-site?</p> <p>23 Q Yeah.</p> <p>24 A Approximately eight, 10.</p> <p>25 Q Where? What institutions?</p>	<p style="text-align: right;">77</p> <p>1 A No. I did Douglas County and Pine in one</p> <p>2 day, and then one morning in Olmsted County.</p> <p>3 Q Are those the only facilities you were</p> <p>4 actually physically in last week?</p> <p>5 A No. I had a meeting in Wright County as</p> <p>6 well.</p> <p>7 Q With whom?</p> <p>8 A Jail administrative, jail commander.</p> <p>9 Q Did you go to the medical clinic?</p> <p>10 A Stopped by and said hello to the team</p> <p>11 and -- well wishes, but wasn't involved in direct</p> <p>12 patient care.</p> <p>13 Q Okay.</p> <p>14 So you had total revenue in 2017 from</p> <p>15 contracts of about approximately \$9 million.</p> <p>16 Correct?</p> <p>17 A Approximately.</p> <p>18 Q Has that increased or decreased today?</p> <p>19 A Increased.</p> <p>20 Q Do you know what the annual contract income</p> <p>21 would be --</p> <p>22 A Well --</p> <p>23 Q -- for services?</p> <p>24 A -- it's -- it's dynamic because not every</p> <p>25 client, you know, is initiated on January 1st. So</p>

<p style="text-align: right;">78</p> <p>1 will be probably an equivalent of 10.9 million now. 2 As we stand today. 3 Q Okay. How many times were you in Hubbard 4 County in 2017? 5 A I -- I would not be able to tell you. 6 Q This year? 7 A Two times on-site. That's my best guess. 8 Q Commander Carr testified he sees you about 9 once a quarter. About four times a year. On-site. 10 At Sherburne. Is that right? 11 A No. It's more than that. 12 MR. NOVAK: Are you talking about when he's 13 there or when the commander sees him? 14 MR. BENNETT: Well, I asked how often he 15 was there. He's -- in his deposition. 16 MR. NOVAK: And the commander told you how 17 many times he sees him. Right? 18 MR. BENNETT: Uh-huh. 19 MR. NOVAK: Okay. And there's a big gap in 20 that question. 21 BY MR. BENNETT: 22 Q Well, how many times do you go there -- you 23 said it was more than four. Was it less than 10? 24 A I don't know. I don't know if it's less 25 than 10 or not.</p>	<p style="text-align: right;">80</p> <p>1 when you don't? 2 A Just based on needs of the facility; my 3 opinion on when I need to see a particular patient. 4 That's it. 5 Q Did you have any meetings with Carr or 6 Frank or the sheriff about the two fall suicides in 7 2017? 8 A I don't recall -- I don't remember having 9 any face-to-face meeting with them directly. I just 10 don't remember. I just don't recall. 11 Q Did you ever see -- well, you never -- 12 You never saw James Lynas. Correct? 13 A To the best of my recollection, I have not 14 seen that patient. 15 Q Dylan Brenner, did you see him? 16 A No. 17 Q Do you remember -- do you remember 18 Stephanie Bunker? 19 A I remember Stephanie Bunker. 20 Q What race was she? 21 A I don't recall. 22 Q How did she commit suicide? 23 A I believe, but I'm not certain, I believe 24 it was hanging. 25 Q Did you have a nurse at that time, Nurse</p>
<p style="text-align: right;">79</p> <p>1 Q Between four and 10? 2 A I don't know if it's less than 10. So I -- 3 I just don't know. 4 Q Well -- 5 A Not every time that I go there I see 6 Commander Carr. However -- 7 Q And not -- 8 A -- I believe I seen him more than four 9 times. Just given duties and meetings and 10 presentations and such. 11 Q And you go to Sherburne County and not do 12 patient care too. Correct? 13 A Only if necessary. Only if there's cross 14 coverage necessary, something of that nature. 15 Q I don't know who made -- that question and 16 answer didn't seem to marry up. 17 Every time you go to Sherburne County, do 18 you do clinical care of patients? 19 A No. 20 Q Okay. 21 A No. 22 Q Sometimes you do? 23 A Correct. 24 Q Okay. What is the determining factor in 25 when you do clinical care in Sherburne County and</p>	<p style="text-align: right;">81</p> <p>1 Keilwitz? 2 A Who? 3 Q It's Keilwitz? K-E-I -- 4 A Oh. Geoffrey. 5 Q Yeah. 6 A Correct. Yes. 7 Q Did you -- 8 A I believe -- well, I don't recall whether 9 he was working at the time of Stephanie Bunker's 10 death. I don't recall. 11 Q Did you do a mortality review of that case 12 on behalf of MEnD? 13 A I would have done a clinical review of the 14 case. 15 Q Did you -- was there any psychological 16 autopsy performed in that case? 17 A Again, as I stated earlier, we would just 18 encompass that task. 19 Q I don't know what you mean, "encompass." 20 A We just did an overall clinical review of 21 the case. 22 Q Was there any written review of that case 23 by you? 24 A As I mentioned earlier, if I had to make 25 substantive changes to the systems and processes that</p>

<p style="text-align: right;">82</p> <p>1 we had in place at the time, I would have formulated 2 that report. 3 Q When did you hire Keilwitz? 4 A I don't recall. I don't know. 5 Q How much before the death of Bunker in 6 July? 7 A As I stated, I don't know if he was working 8 at the time of her death, so I don't know exactly 9 when he was hired. I just don't recall. 10 Q Are you aware of any conditional imposition 11 on his license from the board of nursing? 12 A I remember him having some sort of 13 punishment or something to his license in the past, 14 but I don't recall the specifics. 15 Q Do you know who hired Keilwitz? 16 A Who in particular at that time? 17 Q Yeah. 18 A I don't recall who. I would say that it 19 was probably a decision with our nursing director, 20 James Sweeney; our HR director, Danielle Lacina. And 21 I don't recall if anybody else had any involvement or 22 input into his hire. 23 Q That's the one you referred to in -- as the 24 Beltrami one in -- 25 A Correct. The Stephanie Bunker?</p>	<p style="text-align: right;">84</p> <p>1 A Male, is my recollection. 2 Q And was the suicide by hanging? 3 A My recollection is it's hanging. I can't 4 say with 100 percent certainty, but that's my 5 recollection. 6 Q Did MEnD conduct any investigation of that 7 death? 8 A Again, we would have clinically reviewed 9 the case. 10 Q Who is "we"? 11 A Myself and anybody else that I deemed 12 necessary to get information from. 13 Q When did you start -- when did MEnD begin 14 being the health care provider to St. Louis County? 15 A Oh. I don't recall the exact year. But I 16 believe it was around 2013. 17 Q Okay. 18 A I could be incorrect on that year. But 19 it's around that time. 20 (Sotto voce remarks between plaintiff 21 counsel.) 22 THE WITNESS: I am going to have to use the 23 restroom. 24 MR. BENNETT: Okay. 25 THE WITNESS: Soon. Whenever it works for</p>
<p style="text-align: right;">83</p> <p>1 Q Uh-huh. 2 A Correct. 3 Q The DOC findings, did you read those in the 4 Bunker case? 5 A I don't recall if I remember -- read their 6 report or not. 7 Q Did they find that everything was 8 hunkey-dory, okay? 9 A I don't recall. 10 Q If they did not, would that concern you? 11 A I mean, it always concerns me. The DOC 12 generally writes their reports based on the 13 correctional performance and functions and such. 14 But, I mean, that still -- 15 Q They're not -- 16 A -- has bearing with us. 17 Q They're not necessarily looking at the 18 medical issues. Correct? 19 A Well, they don't have the expertise to do 20 so. 21 Q Okay. 22 Nobles County. You mentioned that in your 23 supplemental answer. Who was that suicide? 24 A I don't recall the name. 25 Q Was it a male or a female?</p>	<p style="text-align: right;">85</p> <p>1 you-all. 2 MR. BENNETT: We'll see if lunch came. 3 Maybe we can even do that. 4 VIDEOGRAPHER: Off the video record at 5 11:49 a.m. 6 (Recess taken from 11:49 to 11:56 a.m.) 7 VIDEOGRAPHER: This is file number three. 8 We're on the record at 11:56 a.m. 9 (Exhibit 65 was marked for identification.) 10 BY MR. BENNETT: 11 Q I'm showing you what's been marked as 12 Exhibit 65, which is a -- it's from the Internet. 13 It's from WDIO. You're -- in 2015, you were 14 the -- you, as MEnD, were with the correctional care 15 provider at St. Louis County? 16 A Correct. 17 Q Does this refresh your recollection as to a 18 suicide that you did not mention in your supplemental 19 interrogatory? 20 A Yeah, I don't recall this suicide. 21 Q It was a hanging as well. Correct? 22 A Correct. Well, it says "asphyxiation," but 23 I'm going to assume that means hanging. 24 Q Yeah. You can't really choke yourself out, 25 right? I mean...</p>

<p style="text-align: right;">86</p> <p>1 All right.</p> <p>2 So Caleb Calton, that name doesn't ring a</p> <p>3 bell?</p> <p>4 A It doesn't ring a bell.</p> <p>5 Q That's the person mentioned in Exhibit 65?</p> <p>6 A Correct.</p> <p>7 (Sotto voce remarks between plaintiff</p> <p>8 counsel.)</p> <p>9 (Exhibit 66 was marked for identification.)</p> <p>10 BY MR. BENNETT:</p> <p>11 Q Exhibit 66 is a -- is from Rochester</p> <p>12 News-Talk, listing the information on the 2015 --</p> <p>13 looks like June of 2015 death of -- suicide by</p> <p>14 hanging of 55-year-old Sheila Baier.</p> <p>15 Do you see that?</p> <p>16 A Uh-huh.</p> <p>17 Q That wasn't included in your answer either,</p> <p>18 was it?</p> <p>19 A No. I don't believe we were the medical</p> <p>20 provider at that time.</p> <p>21 Q You weren't -- when did you become the</p> <p>22 medical provider?</p> <p>23 A I believe it was 2016, January.</p> <p>24 Q When did you become the medical provider in</p> <p>25 Dakota County?</p>	<p style="text-align: right;">88</p> <p>1 answer to interrogatory, though. Is it?</p> <p>2 A No. I -- I just couldn't recall and I</p> <p>3 couldn't determine, and I have no access to Stearns</p> <p>4 County anymore.</p> <p>5 Q So how many suicides did -- occurred in the</p> <p>6 Stearns County jail while you were the medical</p> <p>7 provider? While MEnD was the medical provider? In</p> <p>8 other words, Baxter-Jensen, and we know now there was</p> <p>9 Jarod Jakel. Any others?</p> <p>10 A Those are the only two that I'm aware of.</p> <p>11 Q Was there a lawsuit involving Jarod Jakel?</p> <p>12 A No.</p> <p>13 Well, I shouldn't say that. No lawsuit</p> <p>14 against MEnD. I don't know if there was any lawsuit</p> <p>15 at all. I don't know the answer to that.</p> <p>16 Q Okay.</p> <p>17 When were you the medical provider for</p> <p>18 Mille Lacs County?</p> <p>19 A I started 2007 or 2008.</p> <p>20 (Sotto voce remarks between plaintiff</p> <p>21 counsel.)</p> <p>22 (Exhibit 68 was marked for identification.)</p> <p>23 BY MR. BENNETT:</p> <p>24 Q So there were two suicides there by</p> <p>25 hanging. One was Holscher, and the other was</p>
<p style="text-align: right;">87</p> <p>1 A We began as nursing services. I don't</p> <p>2 recall the exact year. And then took over medical</p> <p>3 provider and director services last year. And then</p> <p>4 took over mental health services this year.</p> <p>5 Q How about Stearns County?</p> <p>6 A What about it?</p> <p>7 Q You've been -- you've been there --</p> <p>8 A We -- we provided our services from 2010 to</p> <p>9 2017.</p> <p>10 Q And they -- did they terminate MEnD?</p> <p>11 A Yes.</p> <p>12 Q Was that as a result of the Baxter-Knutson</p> <p>13 suit?</p> <p>14 A All I was told is that we were -- I believe</p> <p>15 the term was "political collateral damage in town."</p> <p>16 But they had no issues with our services, but...</p> <p>17 (Sotto voce remarks between plaintiff</p> <p>18 counsel.)</p> <p>19 (Exhibit 67 was marked for identification.)</p> <p>20 BY MR. BENNETT:</p> <p>21 Q Exhibit 67. August of 2014. Jarod Jakel,</p> <p>22 22, of Sauk Rapids, hung himself in Stearns County.</p> <p>23 Correct?</p> <p>24 A Yes. This sounds familiar.</p> <p>25 Q It's not on -- it's not listed in your</p>	<p style="text-align: right;">89</p> <p>1 Wildhirt. And they both took care -- that was both</p> <p>2 under the watch of the jail's for-profit medical</p> <p>3 provider, MEnD Correctional Care of Waite Park,</p> <p>4 Minnesota. That's on page -- on the second to last</p> <p>5 page.</p> <p>6 Do you recall those?</p> <p>7 A I recall Holscher quite well.</p> <p>8 I -- I recognize Wildhirt, I just don't</p> <p>9 remember the specifics of the case.</p> <p>10 (Sotto voce remarks between plaintiff</p> <p>11 counsel.)</p> <p>12 (Exhibit 68 was marked for identification.)</p> <p>13 BY MR. BENNETT:</p> <p>14 Q Mille Lacs. Do you still provide</p> <p>15 medical --</p> <p>16 A Correct.</p> <p>17 Q -- correctional care for them?</p> <p>18 A Yes.</p> <p>19 Q What -- who was the person in Crow Wing</p> <p>20 County who committed suicide?</p> <p>21 A I don't recall the name. My nursing</p> <p>22 director alerted to me that we believe there was a</p> <p>23 suicide between 2014 and 2017 in Crow Wing.</p> <p>24 Q Were there any suicides involving inmates</p> <p>25 under the correctional health care of MEnD in 2018?</p>

<p style="text-align: right;">90</p> <p>1 A Yes.</p> <p>2 Q How many?</p> <p>3 A I believe -- I believe there was three.</p> <p>4 Q All by hanging?</p> <p>5 A Yes.</p> <p>6 Q Was --</p> <p>7 A And -- I apologize. It may have been two.</p> <p>8 I may be getting confused on if one of those was a</p> <p>9 non-suicide death.</p> <p>10 Q What are you thinking of a non-suicide</p> <p>11 death. Is that the one in Beltrami County?</p> <p>12 A No. What I'm saying is I'm just trying to</p> <p>13 recall -- it's two or three.</p> <p>14 Q So what are the ones that you remember in</p> <p>15 2018?</p> <p>16 A Oh. I'm trying to remember in that</p> <p>17 snapshot of time. I don't typically think of these</p> <p>18 in a snapshot of, you know, a calendar.</p> <p>19 Q Well, where were they? Where are the ones</p> <p>20 you're thinking of? You --</p> <p>21 A I believe there was one in -- I have to</p> <p>22 review my stats. But I believe one was in Douglas</p> <p>23 County, Wisconsin. Sorry.</p> <p>24 Q Okay.</p> <p>25 A I'm trying to remember if there's any</p>	<p style="text-align: right;">92</p> <p>1 A Correct.</p> <p>2 Q How many have on-call versus on-site</p> <p>3 nurses?</p> <p>4 A No. It's the -- it's the same pool of</p> <p>5 nurses, it's just there's a rotating basis of</p> <p>6 on-call. And then during weekdays, specific nurses</p> <p>7 are assigned to specific jails. So even if they're</p> <p>8 not on site, if there's an issue that arises they'll</p> <p>9 call that specific nurse that's assigned to them.</p> <p>10 Q In 2017, how many physician's assistants</p> <p>11 did you -- did MEnD employ?</p> <p>12 A What I remember is between physician's</p> <p>13 assistants and nurse practitioners, we had eight on</p> <p>14 staff, I believe. That's a close approximation.</p> <p>15 MR. BENNETT: Why don't we break.</p> <p>16 VIDEOGRAPHER: Off the video record at</p> <p>17 12:15 p.m.</p> <p>18 (Lunch recess taken from 12:15 to 12:47</p> <p>19 p.m.)</p> <p>20 VIDEOGRAPHER: This is file four. We're on</p> <p>21 the record at approximately 12:47 p.m.</p> <p>22 BY MR. BENNETT:</p> <p>23 Q So in any of the suicides in which MEnD was</p> <p>24 involved that -- either in -- either the ones you</p> <p>25 list or the ones before that that I went over, or the</p>
<p style="text-align: right;">91</p> <p>1 others, in that snapshot.</p> <p>2 I just -- I can't remember.</p> <p>3 Q How about 2019?</p> <p>4 A We've had a suicide in Crow Wing by</p> <p>5 hanging. And I don't recall if there's been any</p> <p>6 other suicides this year.</p> <p>7 (Sotto voce remarks between plaintiff</p> <p>8 counsel.)</p> <p>9 BY MR. BENNETT:</p> <p>10 Q Do each of the facilities have a nurse that</p> <p>11 is full time?</p> <p>12 A In regards to?</p> <p>13 Q Each jail, county, have a nurse full time?</p> <p>14 A It depends on the jail. Depends on the</p> <p>15 size of the jail.</p> <p>16 Q Well, I -- all right. How many don't have</p> <p>17 a full-time nurse?</p> <p>18 A I don't have the -- a specific number. But</p> <p>19 if a jail's population size doesn't warrant a</p> <p>20 full-time nurse on site, then we'll staff that,</p> <p>21 customized to their size and scope and needs.</p> <p>22 Q Well, is there always a nurse on call for a</p> <p>23 particular jail?</p> <p>24 A Correct.</p> <p>25 Q Doesn't mean it's on-site?</p>	<p style="text-align: right;">93</p> <p>1 ones in 2019 and 2018. And when you did this review</p> <p>2 that you do, did you ever find anything that MEnD did</p> <p>3 wrong in any case?</p> <p>4 A I guess, that's a difficult question for me</p> <p>5 to answer. Are there things where I felt we could</p> <p>6 tweak or fine tune? Yes.</p> <p>7 Q That's --</p> <p>8 A But I --</p> <p>9 Q Did you ever find that you did anything</p> <p>10 wrong?</p> <p>11 A Well, again, I -- I guess, that's not how I</p> <p>12 approach them. So what I look for is, is there</p> <p>13 substantive systems or processes that we need to</p> <p>14 change.</p> <p>15 Q Let's --</p> <p>16 A And -- and also keeping in mind that we're</p> <p>17 frequently already reviewing our processes and -- on</p> <p>18 an annual basis. So...</p> <p>19 Q But with regard to this -- I mean, you've</p> <p>20 never done a review in writing. Right?</p> <p>21 A I don't recall.</p> <p>22 Q Well, do you recall doing one in writing?</p> <p>23 A I just -- I just don't recall if I've got</p> <p>24 a -- a final written report from any --</p> <p>25 Q As you sit here today, --</p>

<p style="text-align: right;">94</p> <p>1 A -- review. 2 Q -- can you name one written report? 3 A I can't name one. 4 Q And the clinical mortality review discussed 5 by NCCHC includes a review of the incident and 6 facility procedures used; training received by 7 involved staff; pertinent medical and mental health 8 services or reports involving the inmate; and 9 recommendations, if any, for a change in policy, 10 training, physical plant, medical or mental health 11 services, and operational procedures. 12 And for -- for deaths, a modified review 13 process that focuses on relevant clinical aspects of 14 the death and preceding treatment. That follow. 15 Did you -- do you have any -- can you think 16 of any time that you, when in doing what you think 17 passes for that, that you found anything wrong that 18 you corrected, for MEnD? 19 A Well, first of all, there's a big chunk of 20 what you're describing there that is the 21 responsibility of jail administration and their side 22 of things. I'll offer any feedback, input that they 23 request. 24 Q Well, that's the administrative review. 25 Right?</p>	<p style="text-align: right;">96</p> <p>1 A Well, I -- I can't remember every specific 2 case. 3 Q Apparently, because it didn't get on the 4 answer. 5 A But in terms of the Lynas case, we did not 6 find anything that we substantively changed. 7 Q How about -- how about the Brenner case? 8 A No. 9 Q How about the -- how about the Bunker case? 10 A I don't recall. 11 Q How about the Holscher case? 12 A One thing we found there that went into the 13 sheriff's department side of the investigation was 14 improving their prebooking questionnaire. In other 15 words, the questionnaire that -- or the documentation 16 that the arresting officer, who brings the inmate 17 into the jail setting, that information that they 18 provide correctional staff. That was one significant 19 change that came from that case. 20 Q And that was whose -- whose information? 21 Information brought to you or information that you 22 gave to the -- 23 A Information brought from the outside 24 arresting officer to the jail when they processed 25 that patient in booking.</p>
<p style="text-align: right;">95</p> <p>1 A Yeah. 2 Q And it's not what I'm saying is provided. 3 It's what the NCCHC says. Right? That's -- 4 Exhibit 58, I just read from that paragraph. That's 5 what they expect. 6 A Yeah. And I've already described my 7 clinical review that I undertake. But, I guess, what 8 I'm trying to explain is, in particular to Sherburne 9 County, they have their own investigation that they 10 do. And they ask for input and feedback information 11 how they deem fit in regards to that side of things. 12 I focus on a clinical review of our side of that 13 care. 14 Q And that's what the NCCHC talks about. A 15 clinical review. A clinical mortality review. Not 16 an administrative review. 17 A I understand. 18 Q The second of three reviews. 19 Whatever review you did, have you done 20 anything -- have you made any changes specifically as 21 a result of the review? 22 A Of which review? I'm sorry. 23 Q Your review. 24 A No. Which case? 25 Q A review of any of the cases. In any case.</p>	<p style="text-align: right;">97</p> <p>1 Q So it didn't have anything to do with MEnD, 2 per se? 3 A Nothing directly with our health care. 4 Q How about the Baxter-Jensen suicide. Did 5 you find anything in your review of that that was 6 wrong? 7 A The only thing that we focused on after 8 that case was just doing a better job of taking 9 credit for our -- our work, in terms of documenting 10 refusals. But substantive care, no. 11 Q So was that one of the cases that made it 12 toxic, MEnD toxic, in Stearns County, though? 13 A No. We were never toxic in Stearns County. 14 Q Well, what did you say? I mean, I missed 15 your word, I guess. 16 A Oh. No. I was just told that our company 17 ended up being political collateral damage. And that 18 they were very satisfied with our services, but based 19 on politics in the county, they were going to have 20 the hospital system in St. Cloud, CentraCare, take 21 over services in the jail. 22 Q Well, the Stearns County one, I don't -- I 23 only know about Baxter-Jensen. But in that case, the 24 county had to pay \$600,000, and MEnD -- and insurer 25 had to pay \$850,000. Were they happy about that?</p>

<p style="text-align: right;">98</p> <p>1 A I can't speak for them, what they felt 2 about it. 3 Q Okay. Did they mention -- 4 A It was a settlement. 5 Q -- that when they'd say you were collateral 6 damage? 7 A They did not mention any issues with our 8 services in any way, shape, or form. 9 Q But otherwise, you thought your care -- the 10 care that MEnD exhibited in that case, 11 Baxter-Jensen's suicide, was good? 12 A Was reasonable. Absolutely. 13 Q Okay. 14 And Jerod Jakel, do you -- did you find 15 that MEnD's care of him was acceptable as well? 16 A I don't recall the case in detail. I -- I 17 would have to speculate on the events that led to his 18 suicide, and I don't want to give any kind of 19 erroneous information. 20 Q How about Sheila Baier? B-A-I-E-R. Was 21 MEnD -- in Olmsted County, 2015. Did you find MEnD's 22 care of her acceptable too? 23 A We -- we were not providing medical care in 24 Olmsted at that time. 25 Q How about Caleb Calton in St. Louis County</p>	<p style="text-align: right;">100</p> <p>1 regarding an inmate suicide? 2 A Regarding... 3 Q An inmate's suicide. 4 A In what context? 5 Q Do you have any written policy or protocol? 6 A Our policies and protocols are what they 7 are. I mean, we have -- 8 Q Fine. Do you have one involving suicide? 9 A We have policies and protocols that revolve 10 around suicide prevention, about training. So there 11 are some, yes. 12 Q Are there any about investigation of a 13 suicide? 14 A No formal protocol regarding that. Just 15 that we'll review the case. 16 Q And that just goes into your regular 17 duties, in addition to providing clinical care and 18 administrative duties for the company. Correct? 19 A They're my duties at this time. 20 Q Well, they have been the entire time at -- 21 from the formation in 2006? 22 A Correct. 23 Q Where does Dr. Skurr operate from? 24 A Iowa. 25 Q Where in Iowa?</p>
<p style="text-align: right;">99</p> <p>1 in 2015? 2 A Again, I don't recall the details of the 3 case. 4 Q Do you remember thinking: Jeez, we did 5 something wrong there? 6 A I don't recall saying that or thinking 7 that. 8 Q The cases that we've discussed where MEnD 9 was the care provider, are you aware of any of them 10 being on actual suicide watch? 11 A I -- I'm sorry. I don't understand the 12 question. 13 Q Were any of the inmates that hung 14 themselves on actual suicide watch at the time? 15 A At the time of their death? 16 Q Yeah. 17 A I don't recall. 18 Q How about on heightened mental health 19 watch, say? Other than -- I mean, that would include 20 Lynas. Right? 15-minute mental health watch? 21 A Yeah, I was going to say, I don't recall 22 each individual situation. But I -- I would expect 23 that during their incarceration, there were certainly 24 some of those people that were on heightened watches. 25 Q Does MEnD have a policy and protocol</p>	<p style="text-align: right;">101</p> <p>1 A I believe he lives in Marshalltown. 2 Q Is that in one of the three counties you 3 serve? 4 A No. It's just -- it's a -- it's close. 5 Q Does he provide clinical services at those 6 three counties? 7 A Yes. 8 Q Any other counties? 9 A I know he also works for Marshall County. 10 I don't believe he works with any other county. 11 Q Does he provide clinical services for any 12 of the counties in Minnesota? 13 A No. 14 Q How about Illinois? 15 A Not at this time. He will be in the very 16 near future. 17 Q How about Wisconsin? 18 A No. 19 Q Where does he see patients? 20 A In what context? 21 Q For MEnD Correctional Care. 22 A In the respective jail facilities. 23 Q How often is he at those county jails? 24 A He is in Story and Hardin County weekly. 25 Q Once weekly?</p>

<p style="text-align: right;">102</p> <p>1 A Once weekly, for direct on-site rounding.</p> <p>2 He has on-call availability 24/7. And then Benton</p> <p>3 County --</p> <p>4 Q For what?</p> <p>5 A For on-call services. For consultation,</p> <p>6 questions.</p> <p>7 Q So he can consult in Pennington County?</p> <p>8 A Nope. You said Iowa. And that's -- Iowa</p> <p>9 is where he's on call.</p> <p>10 Q Is he licensed in Minnesota?</p> <p>11 A No.</p> <p>12 Q Is he licensed in Illinois?</p> <p>13 A I believe he either is right now or is</p> <p>14 about to be.</p> <p>15 Q So that he can see patients?</p> <p>16 A Correct.</p> <p>17 Q Is he licensed in Minnesota?</p> <p>18 A No.</p> <p>19 Q So for Minnesota, you're the only medical</p> <p>20 doctor for however many counties there are at any</p> <p>21 time?</p> <p>22 A No. We have, again, as I mentioned</p> <p>23 earlier, our team of medical providers shares on-call</p> <p>24 responsibilities.</p> <p>25 Q I'm talking about a doctor.</p>	<p style="text-align: right;">104</p> <p>1 that would be rare.</p> <p>2 Q Did Robertson ever see Brenner?</p> <p>3 A I don't believe so. It -- it -- well, I</p> <p>4 guess, I should qualify that answer. I don't know if</p> <p>5 Michael Robertson saw Mr. Brenner at any other</p> <p>6 incarcerated time in that facility. All I can recall</p> <p>7 is that he didn't see him the last time.</p> <p>8 Q Okay.</p> <p>9 A But I don't know if he had seen him</p> <p>10 previously. I don't recall.</p> <p>11 Q Did he ever perform any services for</p> <p>12 Stephanie Bunker?</p> <p>13 A That would be highly unlikely.</p> <p>14 Q Okay.</p> <p>15 How many inmate patients would see a</p> <p>16 physician on a typical day for MEN D?</p> <p>17 A You mean a medical provider?</p> <p>18 Q No. Physician. I'm -- that's not -- a</p> <p>19 doctor.</p> <p>20 A Okay. Well, I wasn't sure what you meant,</p> <p>21 so...</p> <p>22 I have -- would need some context.</p> <p>23 Q Typical day, inmate sits across from</p> <p>24 provider and --</p> <p>25 A In any jail or anywhere we work, or a</p>
<p style="text-align: right;">103</p> <p>1 A I'm the physician who's in that group.</p> <p>2 Q Yeah. The only one in Minnesota.</p> <p>3 A I'm the only physician, beyond all the</p> <p>4 other medical providers that work with me, yes.</p> <p>5 Q But there's one physician and one</p> <p>6 psychologist. Correct?</p> <p>7 A Say that --</p> <p>8 MR. NOVAK: Asked and answered over the</p> <p>9 course of a couple of days about 15 times now.</p> <p>10 MR. BENNETT: Well, I want to -- if he ever</p> <p>11 gave a straight answer, you might be -- you know, you</p> <p>12 might be able to ascertain that. I'm trying to</p> <p>13 figure this out.</p> <p>14 BY MR. BENNETT:</p> <p>15 Q So the --</p> <p>16 MR. NOVAK: Bob, if you would read the</p> <p>17 transcript, you'd see this question has been answered</p> <p>18 15 ways from Sunday.</p> <p>19 MR. BENNETT: All right.</p> <p>20 BY MR. BENNETT:</p> <p>21 Q So how many -- does the psychologist work</p> <p>22 in all states, that you hire?</p> <p>23 A The psychologist that was working for us in</p> <p>24 2017 worked solely in Sherburne County. Rare</p> <p>25 exception, might consult with another county. But</p>	<p style="text-align: right;">105</p> <p>1 specific jail or...</p> <p>2 Q No. In any of the jails that you work, how</p> <p>3 many would see an actual doctor on any given -- on</p> <p>4 any given day?</p> <p>5 A Oh, my goodness. I'd have to think this</p> <p>6 through.</p> <p>7 If you averaged it all out, a couple of</p> <p>8 patients a day would see a physician. And massive</p> <p>9 multitude would see the rest of the medical</p> <p>10 providers.</p> <p>11 Q Which I didn't ask you about.</p> <p>12 How many would actually see a psychologist?</p> <p>13 A Well, in 2017, when Michael Robertson was</p> <p>14 working at Sherburne County, he would have seen, I --</p> <p>15 I'm guesstimating here. I don't have the specific</p> <p>16 numbers in front of me. Approximately eight per day.</p> <p>17 Q Okay. And he's supposed to be there five</p> <p>18 days a week?</p> <p>19 A He was there on average five days a week.</p> <p>20 And then also had two other days a week for another</p> <p>21 mental health professional, worked in Sherburne to</p> <p>22 assist him. And then a varying degree of services</p> <p>23 on-site from our mental health director as well.</p> <p>24 Q Is the mental health director a</p> <p>25 psychologist?</p>

<p style="text-align: right;">106</p> <p>1 A No. She is -- her credentials are LMFT. 2 Q Which is? 3 A Licensed Marriage and Family Therapy. 4 She's independently licensed. 5 Q What is her name? 6 A Linda Pansky. 7 (Sotto voce remarks between plaintiff 8 counsel.) 9 BY MR. BENNETT: 10 Q So in any given nine-day period at 11 Sherburne County, would you expect that Robertson 12 would see at least 50 patients? 13 A Have to do the math here. Yeah, I mean, I 14 guess that -- that would be an expectation. 15 Q Okay. 16 A Yeah. 17 Well, I guess, you know, wait a minute. 18 Does nine days include business days, does nine days 19 include weekends. I mean, so... 20 Nine working days, yes. 21 Q Well, if it was eight per day, nine would 22 be 72. 23 A Correct. 24 Q That's what I was trying to -- 25 A Yep.</p>	<p style="text-align: right;">108</p> <p>1 BY MR. BENNETT: 2 Q Well, wouldn't you -- wouldn't you see 3 patients who were the sickest first, as a medical 4 doctor? 5 MR. NOVAK: Form, incomplete hypothetical. 6 A I mean, I -- you have to -- you have to 7 customize your plan depending on a number of factors. 8 And -- and I'm sure that's what Mr. Robertson does 9 every day he's seeing patients. So he has to 10 determine, again, the timing and frequency of seeing 11 patients. 12 BY MR. BENNETT: 13 Q Or never seeing them? 14 A Determine -- 15 Q That's his -- 16 A It would be determined based on his 17 professional perspective. 18 Q So apart from clinical work, what are the 19 things you do as head of this 180-person organization 20 on a given day, for example? 21 MR. NOVAK: Asked and answered as to this 22 witness in his personal capacity during a prior 23 deposition. 24 This is a witness -- a deposition of MEnD 25 Correctional Care.</p>
<p style="text-align: right;">107</p> <p>1 Q -- get what your real expectations were. 2 In any nine-day period, you pretty much expect him to 3 see 50, wouldn't you? 4 A I agree. I agree. 5 Q And I take it there weren't 50 inmates on 6 either suicide watch or 15-minute mental health 7 watches at Sherburne County? 8 A I'm sorry. Could you repeat that? 9 Q There weren't 50 inmates on either suicide 10 watch or a 15-minute mental health watch during that 11 period, November 1 to November 9? 12 A Yeah, I mean, I don't -- I don't know the 13 specific numbers. But that would be -- that would be 14 very surprising to me if there was that many. 15 Q Would you expect Robertson to be seeing the 16 people that were recognized as having risk for 17 suicide on -- more often than other patients? 18 MR. NOVAK: Object to form. Incomplete 19 hypothetical. 20 A I mean, I would expect Mr. Robertson to 21 determine the timing and frequency of seeing patients 22 using his professional discretion. 23 BY MR. BENNETT: 24 Q I don't think that answered my question. 25 MR. NOVAK: Sure it did.</p>	<p style="text-align: right;">109</p> <p>1 MR. BENNETT: That's what I'm asking. I 2 said aside from his clinical work, which he's already 3 testified to, the doctor stuff, what does he do. As 4 the chief -- the president of MEnD. 5 MR. NOVAK: Sure. Covered that too today 6 already. But go ahead and answer. 7 A Okay. 8 I have involvement in both customer and 9 vendor relations. I have involvement in sales. I am 10 consulted regularly by my leadership team on matters 11 outside of direct medical care. 12 Those are just the things that come right 13 off the top of my head. I participate in 14 bookkeeping. 15 BY MR. BENNETT: 16 Q Check signing? 17 A Basically. Internet-based, but... Online 18 banking is the majority of our banking. 19 I mean, it's not an all-inclusive list, but 20 those are just the first things that come to mind. 21 Q Hiring and firing? 22 A I don't have a lot of involvement in that, 23 unless it's directly with medical providers. I am 24 always available for consultation, discussion 25 regarding other positions.</p>

<p style="text-align: right;">110</p> <p>1 Q And I'm not sure which hat you had on, so 2 I'm trying to be mindful of Mr. Novak's point of view 3 here. 4 But I understand that some work was done 5 for NCCHC or some consulting? What consulting work 6 did you do for them? 7 A I don't really do any consulting work for 8 NCCHC. 9 Q Okay. 10 A So I'm not sure which consulting you're 11 referencing. 12 Q Okay. Have you ever been part of an NCCHC 13 audit committee or audit team? 14 A No. Uh-uh. No. I've had -- I've just had 15 conversations and roundtable discussion at NCCHC 16 conferences that I have done. 17 (Exhibit 69 was marked for identification.) 18 BY MR. BENNETT: 19 Q What is Exhibit 69? 20 A It's verbiage that was taken from our 21 website. 22 Q It's got your MEnD logo on it? 23 A Correct. 24 Q Who wrote it? 25 A I don't recall.</p>	<p style="text-align: right;">112</p> <p>1 needed." 2 Is that -- that's what you approved? 3 A I don't recall if I approved this or not. 4 But certainly that's what it says. 5 Q You don't disagree with it, do you? 6 A The -- I guess, the overall tone of it I 7 agree with. Yeah. 8 Q Well, how about the words? 9 A I don't know if I would say it exactly this 10 way. But, I guess, in -- in sum, I -- I agree with 11 the overall message. 12 Q And you say here: Your jail has a duty to 13 provide mental health services and to prevent 14 patients from harm even from themselves. This is a 15 basic right of any prisoner with a mental health or 16 addictive disorder, and requires extra vigilance to 17 properly identify, deal with, and ensure the transfer 18 process to or from the jail is handled with utmost 19 care. 20 Is that -- do you agree with that? 21 A Again, in general, yes. That -- I can tell 22 you with certainty, I didn't write this section. But 23 I agree with its overall tone. 24 Q Do you agree with the words? 25 A Yeah. I agree.</p>
<p style="text-align: right;">111</p> <p>1 Q Who typically writes these things for 2 MEnD's publications on their website? 3 A On the website, it -- it can vary. It can 4 be administrative support team; it can be directors; 5 I can have involvement. That's mainly it. 6 Q Do you have to approve it before it goes on 7 the website? 8 A Well, typically, I would. It doesn't 9 always happen that way. 10 Q Did you approve this? 11 A I don't recall. 12 Q Okay. 13 And it says here that, "Across the nation 14 and here in the upper Midwest over the past three 15 decades, individuals with mental health issues are 16 increasingly being brought to jail as the number of 17 mental health facilities continues to dwindle. This 18 can be an extremely difficult challenge for county 19 employees to handle, as mental health care is an 20 entirely different experience from physical health 21 care." 22 And then you go on to say, "At MEnD, we 23 provide local, affordable and highly effective mental 24 health care for your county jail system, bringing 25 qualified professionals to see inmates as often as is</p>	<p style="text-align: right;">113</p> <p>1 Q Then it says, "Each patient receives custom 2 care. A mental health care" -- 3 It goes on, quote, "A mental health care 4 provider like MEnD will be able to provide each 5 patient the care they need in a timely manner to 6 prevent liability and to keep the inmate healthy." 7 Do you agree with that? 8 A Yeah. I mean, again, the overall message, 9 yes. 10 Q Those words? 11 A Yeah. Again, they're not my words, but 12 I -- I, again, agree with the tone. 13 Q You say that, "The medical professionals 14 with MEnD are extremely experienced in mental health 15 care." 16 Is that right? 17 A That's -- that's what we wrote, yes. 18 Q Now, do you know if any of the individuals 19 who are employed by MEnD ever considered them -- and 20 then saw Mr. Lynas, ever considered themselves to be 21 qualified mental health professionals? 22 A Sorry. I have to unwrap that question a 23 bit. Can you say it again? 24 Q Who saw -- you know that -- is it Jeanne 25 Thompson?</p>

<p style="text-align: right;">114</p> <p>1 A Jennie Thompson. 2 Q Jennie Thompson, Alyssa Pfeifer, saw -- 3 what was other one. 4 MR. BETINSKY: Kretsch. 5 BY MR. BENNETT: 6 Q Yeah. Kretsch. Saw -- actually saw 7 Mr. Lynas. None of them consider themselves to be 8 qualified mental health professionals. Would you 9 agree with their own self-assessment? 10 A Yes. And I believe that those staff 11 followed their processes and their protocols and saw 12 Mr. Lynas appropriately. 13 Q And the P.A. in Brainerd didn't consider 14 herself to be a qualified mental health professional. 15 Do you agree with her? 16 A No. I believe she is absolutely a 17 qualified mental health professional. 18 Q Despite her own testimony under oath? 19 A I can't speak to her testimony. 20 Q Okay. You say your psychiatric team and 21 partnership with many area pharmacies will ensure all 22 inmates are treated with respect and medical 23 treatment -- and medical treatment they deserve. 24 There is no psychiatrist, is there? 25 A Yeah, I don't know if I would have used the</p>	<p style="text-align: right;">116</p> <p>1 A I can't recall specific checkmarks, sir. 2 Q Did you expect your staff, correctional 3 staff -- as the medical director, did you expect your 4 staff to understand the importance of a BDI score and 5 the significance of the score itself? 6 A So which staff are we talking about? 7 Q The ones at Sherburne County that -- 8 A I expect each individual to work within 9 their scope of work and understand what they need to 10 do with these tools and the results of these tools. 11 Q Well, did you -- did you expect them to 12 understand what the scoring meant? 13 A Again, I expected them to understand what 14 they needed to do with particular scores. 15 Q So you expect them to understand on a 16 macro-medical level; that if it's above 40, they've 17 got to call somebody above their pay grade? 18 A Correct. They have to consult with a 19 mental health professional or medical provider -- 20 Q Okay. 21 A -- if they receive of a BDI score that's 22 above 40. 23 Q But you don't expect them to know what a 24 BDI score of above 40 means? 25 A Oh, I -- I think they have some general</p>
<p style="text-align: right;">115</p> <p>1 word "psychiatric." 2 Q But MEnD did. 3 A Somebody from my team wrote that word. 4 Because I don't -- I don't look at it that 5 way. I look at it as a mental health team in 6 general. Everybody has a part to play. 7 Q Well, you talk about tools and process 8 and -- is that what you set up for -- as -- as 9 constituting mental health care as indicated in -- on 10 this exhibit? 11 A Well, it's always a team effort with our 12 company and our leadership. So we all initiate, 13 implement, and review and revise all of our processes 14 and tools and systems related to providing mental 15 health care for our patients. 16 Q Did you ever look at Lynas's BDI test in 17 your review? 18 A I can't remember the specifics, but I -- 19 I'm sure I would have reviewed that. 20 Q And you've looked at BDI questionnaires 21 before? 22 A Correct. 23 Q Do you recall Lynas's BDI questionnaire and 24 that he checked yes to the following boxes: "I am 25 sad all the time and can't snap out of it"?</p>	<p style="text-align: right;">117</p> <p>1 idea of what it means. But what's most important is 2 that they know what they need to do with that result. 3 Q If you look at Exhibit 20. 4 A From here? 5 Q Yes. And this indicates that MEnD 6 copyrighted this in 2017. This form. 7 A Copyrighted the form. Correct. 8 Q So is it a form that MEnD developed itself? 9 A I don't remember the specifics of its 10 origin. I recall getting some of the information for 11 these questions from another source, but some of the 12 other details of the form are certainly ours 13 specifically. 14 Q Did you expect -- is it Andrea Kretsch? 15 A Andrea Kretsch. Correct. 16 Q -- or Jennie Thompson or Alyssa Pfeifer -- 17 now, those are the three suicide risk screening form 18 filler-outers. Did you expect that they would 19 understand, for example, the difference in feeling 20 low or bad and mild depression? 21 A What I can tell you is that our staff are 22 trained specifically on this form. And it would be 23 my expectation that they would have a working 24 knowledge of that difference. 25 Q Well, what -- what would you expect them to</p>

<p style="text-align: right;">118</p> <p>1 know between feeling low and bad and mild depression?</p> <p>2 A It depends on patient disclosure and what</p> <p>3 they're willing to submit verbally to our staff. If</p> <p>4 they're willing to -- they literally go through these</p> <p>5 questions with each inmate.</p> <p>6 Q What are they supposed to say? "Are you</p> <p>7 feeling low or bad?"</p> <p>8 A Have you been diagnosed with depression.</p> <p>9 If so, is it mild depression. They have their own</p> <p>10 way of asking the questions, but that's what they're</p> <p>11 trying to elicit from them.</p> <p>12 Q They're not trained in how to ask the</p> <p>13 questions?</p> <p>14 A To an extent. Correct. Yes, they are.</p> <p>15 Q Tell me how it is you expect them to make a</p> <p>16 quantitative decision, and qualitative decision,</p> <p>17 about whether they get two points for feeling low or</p> <p>18 blue, or six points for chronic depression, or eight</p> <p>19 points for major depression, or eight points for</p> <p>20 major depression with hopelessness?</p> <p>21 A So, first of all, this is not an</p> <p>22 evaluation. This is a screening tool. So they use</p> <p>23 the best information that they can get from the</p> <p>24 patient, or if they happen to have other sources of</p> <p>25 information that will improve their knowledge of</p>	<p style="text-align: right;">120</p> <p>1 was a person who said yes to: I am sad all the time</p> <p>2 and can't snap out of it.</p> <p>3 He said yes to: I feel the future is</p> <p>4 hopeless and things cannot improve.</p> <p>5 He said yes to: As I look back on my life,</p> <p>6 all I see is a lot of failures.</p> <p>7 He said yes to: I'm dissatisfied and bored</p> <p>8 with everything.</p> <p>9 He said yes to: I feel guilty all the</p> <p>10 time.</p> <p>11 He said yes to: I feel I'm being punished.</p> <p>12 He said yes to: I'm disgusted with myself.</p> <p>13 He said yes to: I blame myself for</p> <p>14 killing -- for everything bad that happens to me.</p> <p>15 He said yes to: I've thought of killing</p> <p>16 myself, but I would not carry that -- them out.</p> <p>17 I said -- he said yes to: I cry all the</p> <p>18 time now.</p> <p>19 He said yes to: I'm quite annoyed and</p> <p>20 irritated a great deal of time.</p> <p>21 He said yes to: I've lost most of my</p> <p>22 interest in other people.</p> <p>23 He said I have to punish myself -- yes to:</p> <p>24 I have to push myself very hard to do anything.</p> <p>25 He said yes to: I wake up several hours</p>
<p style="text-align: right;">119</p> <p>1 their case.</p> <p>2 Q Well, how are they supposed to make the</p> <p>3 determination if they don't know the difference?</p> <p>4 A Determination of what? I'm sorry.</p> <p>5 Q Whether they get two points for feeling low</p> <p>6 and bad, or six points for chronic depression, eight</p> <p>7 points for major depression, or eight points for</p> <p>8 major depression with hopelessness?</p> <p>9 A So what they do is they do their best that</p> <p>10 they can get of ascertaining this information. They</p> <p>11 score it appropriately. And they submit either way</p> <p>12 for review. But if this number is 36 or higher, then</p> <p>13 they have to immediately consult with somebody</p> <p>14 regarding the case.</p> <p>15 Q But, I mean, the score is important, if</p> <p>16 you're -- if you're going to give it that kind of --</p> <p>17 if you're going to give it that kind of power.</p> <p>18 A It's one piece of what we do. This goes</p> <p>19 hand in hand with the BDI. It goes hand in hand with</p> <p>20 their observations, with information -- it's just one</p> <p>21 piece of the entire collection of information that</p> <p>22 they get --</p> <p>23 Q Well, what --</p> <p>24 A -- on any given day.</p> <p>25 Q But this is a person who -- you know, Lynas</p>	<p style="text-align: right;">121</p> <p>1 earlier than I used to and cannot get back to sleep.</p> <p>2 He said yes to: I get tired more easily</p> <p>3 than I used to.</p> <p>4 He said yes to: My appetite -- excuse me.</p> <p>5 He said I'm very -- yes to: I'm very worried about</p> <p>6 my physical problems and it's hard to think of</p> <p>7 anything else.</p> <p>8 So how would they -- if a person said that,</p> <p>9 you know, how would you --</p> <p>10 A They go by what their --</p> <p>11 MR. NOVAK: Wait until the question is</p> <p>12 done.</p> <p>13 BY MR. BENNETT:</p> <p>14 Q How would you score it?</p> <p>15 A So when they're doing this piece, they're</p> <p>16 using self-disclosure, but they also know what has</p> <p>17 been written down on the BDI. And that's why my</p> <p>18 staff promptly referred this person to our mental</p> <p>19 health professional. Because it's not an either/or.</p> <p>20 It can be any of the tools that are used when you</p> <p>21 find those kind of responses and find that kind of</p> <p>22 scoring.</p> <p>23 Q Well, but Andrea --</p> <p>24 A It's all it takes.</p> <p>25 Q -- Kretsch scored him as a two.</p>

<p style="text-align: right;">122</p> <p>1 A And that is what this person gave her that 2 day when she screened him. 3 However, our staff also understand that his 4 BDI score is what it is, and that may change things. 5 So again, this is one piece, one tool that 6 they use to help try and garner information from each 7 patient. 8 Q Wouldn't withdrawal from drugs and alcohol 9 be an acute illness? 10 A I don't know if you would consider it an 11 illness. It's a medical issue that may need to be 12 addressed. 13 Q So -- 14 A It all depends on the patient. 15 Q If a person is actively in withdrawal -- 16 well... 17 If you don't know the difference between 18 chronic depression, major depression, and major 19 depression with hopelessness, how are you going to 20 properly score this -- this screen? 21 A No. The issue -- I've been trying to 22 explain this. This is self-disclosure. They are 23 literally putting down on paper what they're 24 garnering from that patient. But we have different 25 ways of garnering information from patients. And</p>	<p style="text-align: right;">124</p> <p>1 dates of -- 2 Q Well, he went down to 12. The third page. 3 The one that was given four days before his attempted 4 hanging -- or his attempted suicide. His suicide. 5 A These can change. These can change on a 6 day-by-day basis, based on what the patient is 7 telling us and what they are admitting to. 8 Q Alyssa Pfeifer scored the BDI. Right? 9 A On the last one, you mean? 10 Q Yeah. 11 A Alyssa Pfeifer is the one that conducted 12 this screening. 13 Q And she scored the BDI? 14 A I don't recall. I'm sorry. 15 Q Okay. 16 A I know one of the nurses scored it and 17 referred it to the mental health professional 18 promptly. 19 (Exhibit 70 was marked for identification.) 20 BY MR. BENNETT: 21 Q Now, that form -- that's Exhibit 70? What 22 is it? 23 That form does not have, obviously, a 24 copyright, because it's seven years before. Where 25 did you get this form?</p>
<p style="text-align: right;">123</p> <p>1 that's where a BDI comes in. Sometimes they'll 2 answer differently on that and they'll answer 3 differently on this. We try to find the most useful 4 information from these different sources of 5 information so that we can put this together for our 6 mental health professional. 7 Q Well, that doesn't -- if you keep looking 8 at Exhibit 28, though, that doesn't make any sense. 9 If you look at the first one -- excuse me. It's 10 Exhibit 20. 11 The reason these -- the box checked is 12 "altered mental status." Right? 13 A Okay. 14 Q For information and from -- for screening. 15 And the next one is done by Jennie 16 Thompson. And, again, it's "abnormal health 17 assessment screen" is checked. Right? And he gets a 18 16 that day. 19 A Yep. 20 Q On this form. Is that true? 21 A That's what she wrote on here. Correct. 22 Q And then the BDI score of 40, greater than 23 40, which indicates severe depression, as we've 24 discussed. He actually got better. 25 A I -- I'm sorry. I don't know the exact</p>	<p style="text-align: right;">125</p> <p>1 A Well, we created this form. And again, the 2 information from this table, I don't remember the 3 specifics. But we got some of this information from 4 other sources, and then created the form specifically 5 for our needs. 6 Q Well, the... 7 This has a -- Exhibit 70 has "Potential for 8 suicide/self-harm." At the top. 9 A Yep. That's -- 10 Q And yours has -- 11 A Sorry. 12 Q -- "Indication for screening." 13 So where did you get the table? 14 A Again, I just don't recall specifically 15 where we got this information. I just recall working 16 with my team on identifying helpful tools for us. 17 And I just don't remember where we got this from. 18 Q Now, with regard to Lynas, did you happen 19 to notice in all three suicide risk screening forms 20 his mood was listed as "alert and oriented times 21 three"? Right? 22 A Okay. 23 Q Is that true? 24 A True. 25 Q The other choices are: Coherent,</p>

<p style="text-align: right;">126</p> <p>1 intoxicated/hallucinating, distressed/hurtful [sic], 2 depressed/angry, and -- or paranoid and -- or -- and 3 delusional. Right? 4 How would somebody with a BDI score of 43 5 not be distressed or fearful [sic] or depressed or 6 angry, given the answers I've read for you? 7 A Again, these staff members are not doing a 8 mental health evaluation on this patient. They're 9 putting their best observation that they're getting 10 from that patient at that time on that day. 11 Q All right. 12 But we know what she -- he said on that day 13 at that time to Pfeifer. 14 MR. NOVAK: At what time? 15 MR. BENNETT: The same day she did the 16 suicide risk screening. 17 MR. NOVAK: The same time or the same day? 18 MR. BENNETT: I believe the same time. 19 THE WITNESS: Okay. 20 BY MR. BENNETT: 21 Q If you look at Exhibit 26. 22 A Okay. 23 Q And if you go to the history of present 24 illness. 25 A On the first page?</p>	<p style="text-align: right;">128</p> <p>1 Q They don't connect, do they? 2 A I can go through it line by line and do 3 that, if you'd like. But what I can tell you is what 4 she did was she used this information that she 5 received from the patient in both contexts. She 6 consulted with our medical provider promptly, that 7 day. And our medical provider gave the orders that 8 they gave. 9 Q And then nothing else happened. Right? He 10 was never given another suicide risk screening form, 11 never saw a medical provider. Right? That was what 12 your review as a -- 13 A I believe the next -- I don't remember the 14 date specifically, but I believe the next day is a 15 Monday. That referral was reviewed by our mental 16 health professional, and he determined when he was 17 going to see that patient. 18 Q He never saw the patient. 19 A But he had a plan of seeing the patient. 20 Q That note -- well, we won't argue about 21 that again. 22 There was no notation about when that note 23 was made. Right? 24 A We've already discussed this. 25 Q Yeah.</p>
<p style="text-align: right;">127</p> <p>1 Q No. On the 11/5 note from Pfeifer. 2 A I very much apologize. I forgot my 3 readers. 4 Q Well, even with the readers it's hard to 5 read. But... 6 Do you remember, he was asked how he was 7 currently coping. He said, "Honestly, I'm suffering 8 and not coping with it." 9 And reports that he's definitely depressed, 10 feeling -- "definitely feeling depressed and 'my 11 anxiety is through the roof.'" Reports that he -- 12 his insomnia is maddening and his mind is going crazy 13 with -- with thoughts. 14 On that page? 15 A I just want to make sure I'm on the right 16 one. Sorry. 17 MR. NOVAK: Is there an exhibit or Bates or 18 something, Bob? 19 A I found it. I found it. 20 BY MR. BENNETT: 21 Q What I'm getting at is how is that, that 22 note, consistent with the suicide screening form that 23 Pfeifer filled out? 24 A I can't answer for why she filled this out 25 in this way versus her narrative here.</p>	<p style="text-align: right;">129</p> <p>1 A I think I've answered that. 2 Q But he didn't make a notation that day. 3 That's as simple as that. 4 A I'm -- I'm sorry. I didn't -- 5 Q He didn't -- Robertson didn't note when he 6 put that note on the -- on the paper. 7 A Again, I'm -- we've discussed this before. 8 I've answered this question. 9 Q Yeah. 10 A I fully expected that he reviewed this case 11 on Monday and made a determination of when he was 12 going to see the patient. 13 Q Who determined that the level of 36 was the 14 point in which -- on the suicide risk screening form? 15 Why 36? 16 A I don't remember the specifics of that 17 conversation. But I think part of it was what we had 18 found when we discovered this table. And then we 19 tried to, in essence, customize it for our uses and 20 we felt -- 21 Q So -- 22 A I don't remember the specifics of the 23 conversation. 24 Q I'm not -- was it you who determined 36? 25 A I was part of that conversation. I just</p>

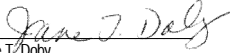

<p style="text-align: right;">130</p> <p>1 don't recall if 36 was set by the previous originator 2 of this table, or if we took their information and 3 customized it to this number. I just don't recall. 4 Q I'd like to know who was the decider on 36. 5 Was that you? 6 A Again, it was group effort. But I was 7 certainly a part of it. 8 Q Who made the decision that goes on your 9 form and gets copyrighted that way? 10 MR. NOVAK: Asked and answered. 11 BY MR. BENNETT: 12 Q Well, does anybody else make a decision but 13 you? 14 A In what way? I'm sorry. 15 Q I mean, I -- I didn't ask about 16 conversations. I'm talking about decisions. 17 Did you decide that 36 was the number? 18 MR. NOVAK: Asked and answered. 19 A I've already said this. We -- we work as a 20 team and -- oftentimes in these kind of matters, and 21 we all agree on a course of action. I was certainly 22 a part of it. Absolutely. 23 BY MR. BENNETT: 24 Q But it doesn't happen without you approving 25 it. Right?</p>	<p style="text-align: right;">132</p> <p>1 Q Exhibit 22. 2 A All right. Okay. And I'm sorry, what was 3 the question? 4 Q Who developed -- what's the chemical 5 flow -- the flow sheet for chemical withdrawal? 6 A That was a -- that was based on the CIWA, 7 revised CIWA that we used, and customized it a bit 8 for our -- our use. 9 Q And again, you get a score. And if you get 10 a higher score, a score of 10 or more, you're 11 supposed to contact the doctor for further -- 12 A Medical provider. 13 Q It says "M.D." 14 A Then it's -- just hasn't been changed yet. 15 It's always "medical provider." And it even says the 16 next line, "medical provider contacted." 17 Q I know. There's two lines. It says, "a 18 score of 10 or more, contact M.D. for further 19 orders." Right? 20 A Well, it -- it's supposed to mean medical 21 provider because that's exactly what the next 22 question is. "Did you contact the medical provider." 23 Q Well, that's what I mean. There's a 24 separate line for medical provider. Right? 25 A No. It's all the same context and same</p>
<p style="text-align: right;">131</p> <p>1 A I have the power of veto. 2 Q All right. 3 Who is allowed by MEnD to fill out that 4 form? 5 A Which form? 6 Q Exhibit 20. 7 A Suicide risk scoring form? 8 Q Yeah. 9 A Nurses or above. 10 Q Okay. 11 Do you expect those nurses to actually know 12 the difference between these various things? 13 A I expect them to have working knowledge. I 14 don't expect them to be mental health professionals 15 or to perform mental health evaluations on patients. 16 Q So is this one of the things you do in a 17 timely manner to prevent liability? That you talk 18 about in this mental health care -- 19 A It's one piece. One piece of everything 20 that we do. 21 Q Okay. 22 How about the flow sheet, where did you get 23 that? 24 A I'm sorry. You have to let me know what 25 you're --</p>	<p style="text-align: right;">133</p> <p>1 conversation that they have. And our staff 2 understand that. 3 Q I'm reading the form, and I have a 4 reasonable amount of education. I can -- it says 5 "M.D." I couldn't -- I assume "M.D." means doctor. 6 A So those letters just haven't been changed, 7 sir, from the beginning. It's "medical provider." 8 They all know that's who they contact. That's who 9 they contact. That's why they say -- ask -- they're 10 asked, the next line, if they're contacted. 11 Q Is that one of the documents that you 12 provide to prevent liability? 13 MR. NOVAK: Object to the form of the 14 question. 15 THE WITNESS: Answer? 16 MR. NOVAK: Go ahead and answer. Yeah. 17 A Again, it's one of the multitude of pieces 18 of tools and systems process that we use. 19 BY MR. BENNETT: 20 Q Has there been a problem with the eMDs 21 system where your signature has been electronically 22 affixed to the document without you having read it? 23 MR. NOVAK: Hang on. 24 Can you show me where that's covered in the 25 30(b)(6) notice that you served on our office?</p>

<p style="text-align: right;">134</p> <p>1 MR. BENNETT: It's a policy. 2 MR. NOVAK: How? Just because you say it 3 is, doesn't mean it is. If that was something you 4 wanted to cover with the witness, it should be on the 5 notice. 6 MR. BENNETT: Well, I think it's -- so 7 you're instructing him not to answer? 8 MR. NOVAK: I want an answer -- I want an 9 answer to my inquiry first. 10 MR. BENNETT: Okay. 11 BY MR. BENNETT: 12 Q Let me ask you a couple of preliminary 13 questions. 14 EMDs is one of the -- 15 MR. NOVAK: Hang on. For what purpose? 16 MR. BENNETT: Well, I'm going to -- I'll 17 talk to you about -- 18 MR. NOVAK: Yeah. No, I -- 19 MR. BENNETT: I'll show you which ones it 20 falls under. 21 MR. NOVAK: Just explain to me which ones 22 it falls under. 23 MR. BENNETT: Well, I think it's -- I think 24 it falls under lawsuits, because it's -- he's 25 supposed to be knowledgeable about lawsuits. It's</p>	<p style="text-align: right;">136</p> <p>1 MR. BENNETT: I think it's number nine. 2 The eMDs deal is a -- their -- that's how he -- 3 MR. NOVAK: They have an electronic medical 4 records system. Just like many, many other people 5 do. Where in the Schedule A that you served on our 6 office, that we were to present this witness to 7 testify on, is the electronic medical records system 8 covered as a topic? And it's not in the context of 9 other areas. You're about to ask him specifically 10 about the electronic medical record system. Show me 11 where that's on Schedule A. 12 MR. BENNETT: Well, I think it's -- I mean, 13 I don't think I have to use the word. 14 MR. NOVAK: This isn't hide the ball, 15 either. If you wanted to the ask him about this, all 16 you had to do was put it on the list. He's not 17 prepared to testify about the topic because it's not 18 on Schedule A. 19 MR. BENNETT: Well, we don't know if he's 20 not prepared to testify about the topic. 21 MR. NOVAK: Well, he's not here to testify 22 about it because you didn't designate it as a topic. 23 MR. BENNETT: Okay. 24 MR. NOVAK: So I don't -- I don't know 25 where that leaves us, but it's a topic that's not on</p>
<p style="text-align: right;">135</p> <p>1 been -- it's been in another -- 2 MR. NOVAK: All right. This isn't a word 3 game, stretch it as far as you can. If you wanted to 4 talk to him about that topic, all you had to do was 5 add it to the notice, and you didn't. 6 MR. BENNETT: Well, I think -- 7 BY MR. BENNETT: 8 Q Is the eMD system one of the systems you 9 use to -- 10 MR. NOVAK: Hang on. We're not -- 11 BY MR. BENNETT: 12 Q -- to assess inmates' suicidality and 13 mental health problems? 14 MR. NOVAK: Bob, you and I are having a 15 conversation right now that relates to whether or not 16 this line is going to go forward or not. 17 MR. BENNETT: I think -- first -- I think 18 if he answers that question, the answer is it goes 19 forward. 20 MR. NOVAK: So now what you -- I think you 21 floated about three topics that you purported that 22 it's under. Can you pick one -- 23 MR. BENNETT: Well, I think I -- 24 MR. NOVAK: -- and tell me where you think 25 you get to ask these questions?</p>	<p style="text-align: right;">137</p> <p>1 your list and you want to ask him about it. So I'm 2 not -- we're not here to present him on that topic. 3 MR. BENNETT: All right. 4 BY MR. BENNETT: 5 Q How many times has MEnD been sued? 6 A I don't have the exact number, offhand. 7 Q Isn't that one of the topics you were 8 supposed to be schooled on? 9 MR. NOVAK: Why don't you read topic six. 10 Ask him about from 2014 to the present. 11 BY MR. BENNETT: 12 Q From 2014 to the present, how many times 13 did you -- lawsuits have you been involved with? 14 A I don't have the exact number committed to 15 memory. 16 Q Did you -- did you look before today? 17 A Yes. 18 Q And could you -- 19 A I just don't have the number committed to 20 memory. There's been several frivolous lawsuits over 21 the course of that time, from 2014 to now. But I 22 don't have the exact number, again, just committed to 23 memory. 24 Q Would a frivolous lawsuit be one that you 25 paid 850,000 bucks to settle?</p>

<p style="text-align: right;">138</p> <p>1 A I would not consider that frivolous. 2 Q So you don't consider the Baxter-Knutson 3 suit frivolous. Do you? 4 A No. As I understand it, that -- didn't 5 that originate before 2014? 6 Q Not the lawsuit. 7 A Oh, okay. My apologizes. I didn't recall 8 that. 9 MR. NOVAK: The topic is: "Lawsuits naming 10 MEnD as a defendant in connection with the provision 11 of medical or mental health service care to inmates 12 from 2014 to the present." 13 Was Mr. Baxter-Jensen provided medical 14 services between 2014 and the present, Dr. Leonard? 15 THE WITNESS: No, he was not. 16 MR. NOVAK: Bob, we didn't draft the 17 notice. 18 MR. BENNETT: All right. 19 All right. 20 BY MR. BENNETT: 21 Q How does MEnD train its employees to 22 distinguish the items listed on your suicide risk 23 screening form? 24 A I need to unpackage that again a little 25 bit. I'm sorry.</p>	<p style="text-align: right;">140</p> <p>1 Q Well, did -- what was the highest score in 2 Brenner? I know what the highest score in -- what 3 was the highest score that Brenner received, do you 4 remember? 5 A You know, I -- I don't recall if and when 6 he would have gotten a screen of this nature. And 7 I'm a little uncomfortable answering questions about 8 a case that's an active lawsuit. 9 MR. NOVAK: If you know, you know. 10 THE WITNESS: I don't recall a number. 11 BY MR. BENNETT: 12 Q Have you changed your training with regard 13 to the scoring of this form? 14 A Of the suicide risk scoring form? 15 Q Uh-huh. 16 A I believe there's been more emphasis on 17 particular questions that have been brought up over 18 the years from our staff. This is just one of them. 19 I don't recall the specifics on how it changed. But 20 it has evolved a bit. 21 Q But you can't tell me how? 22 A I just don't remember the -- the exact 23 details of how they've changed. 24 I mean, one of the things that was changed 25 was, as you've already noticed, was how the form is</p>
<p style="text-align: right;">139</p> <p>1 Q How do you tell them how to make it so it's 2 a two or a four or a six or an eight or a ten? 3 A Again, they're given general training on 4 the nature of that form, on -- on just general 5 knowledge about that form. They are not trained to 6 become mental health professionals and try to 7 decipher what they are able to garner from the 8 patient. That is done specifically during their 9 initial training, and any other trainings along the 10 way where this particular issue comes up. 11 Q Well, how is this form helpful if it's not 12 completed accurately? 13 A Well, you hope that it's completed as 14 accurate as possible. But you're also dealing with 15 patients and subjective information. You're dealing 16 with a soft science. 17 So they used the information the best that 18 they can. But it's, again, one piece in all the 19 number of things that we use. 20 Q What do you do with the piece, if it's a -- 21 how many over 36 do you get, for example? 22 A It's not uncommon. I wouldn't say it's 23 common. I wouldn't say it's rare. It -- it's -- 24 occasionally they come up that high. Just depends on 25 the individual patient and case.</p>	<p style="text-align: right;">141</p> <p>1 used. That we put an emphasis on documenting our 2 reasoning for using the form. We've now changed to 3 where every inmate that receives a health assessment 4 automatically gets a suicide risk screen. So there's 5 been some changes over the years on -- on training on 6 it. 7 We are also, actually, reviewing this table 8 as part of our review of our policies and protocols 9 this year as well. 10 Q Did you find that this form was an 11 effective or an ineffective guide to the actual risk 12 of suicide? 13 A I would say what we're trying to do is 14 anything we can do to make things more useful, more 15 meaningful. So we're always looking to do that with 16 all of our forms and policies and protocols, so -- 17 and this is -- this year is no different. 18 Q Well, did you find this form to be an 19 effective tool against suicidality for your company? 20 A I feel like it's -- again, in -- in its own 21 context of being one piece of what we do, yes. 22 Q Does the psychiatrist ever do the training 23 on this form? 24 A Does a psychiatrist -- 25 Q Yeah.</p>

<p style="text-align: right;">142</p> <p>1 A -- ever do training?</p> <p>2 Q Do you ever bring in a psychiatrist?</p> <p>3 A To do training on this form, no.</p> <p>4 Q Psychologist?</p> <p>5 A I don't recall if Michael was a part of any</p> <p>6 of our training related to this or not. I just don't</p> <p>7 recall.</p> <p>8 Q Who determined the questions to be asked on</p> <p>9 this form?</p> <p>10 A In what context? In the table?</p> <p>11 Q Yeah.</p> <p>12 A Yeah, this is what I was answering</p> <p>13 previously. We -- we got this information from</p> <p>14 another source. I just don't recall the source.</p> <p>15 It's been quite some time.</p> <p>16 Q Did the source -- was the magic number 36</p> <p>17 in the source?</p> <p>18 A Again, I answered this. I don't recall if</p> <p>19 36 was the number specifically or if we changed that</p> <p>20 number to better suit what we were trying to</p> <p>21 accomplish. I just don't remember.</p> <p>22 Q Who determined what scores would be</p> <p>23 assigned to what answers? Is that just you copy the</p> <p>24 form? Is that the answer?</p> <p>25 A I think by and large, yes. I just don't</p>	<p style="text-align: right;">144</p> <p>1 A I understand that.</p> <p>2 Q So --</p> <p>3 A Again, I'm not an attorney. The idea was</p> <p>4 to copyright the form. The table can be used by</p> <p>5 anybody who discovers it themselves. But -- and the</p> <p>6 idea was to have just some reasonable screening</p> <p>7 answers and scoring in this that can allow us to --</p> <p>8 at least assist us, with all the other things that we</p> <p>9 do, in determining patients' health.</p> <p>10 Q What are the other things that you do,</p> <p>11 then?</p> <p>12 A We do BDI. We do health assessment. We do</p> <p>13 observations. We get information from all our</p> <p>14 sources that we can; whether it's correctional staff,</p> <p>15 attorneys, family, collateral records. We have our</p> <p>16 own MHP assessments and clinic visits. Our own</p> <p>17 medical provider visits. There's just a number of</p> <p>18 things that we use.</p> <p>19 Q But this, you really can't tell me what</p> <p>20 this form really means or what any numbers actually</p> <p>21 signify?</p> <p>22 A That's not what I said at all.</p> <p>23 Q Well, can you?</p> <p>24 A Yeah. What I can tell you is we use this</p> <p>25 form as a screening tool to try to determine high</p>
<p style="text-align: right;">143</p> <p>1 recall if we made any tweaks or changes.</p> <p>2 Q Well, why would a suicide method of carbon</p> <p>3 monoxide or gas be worth six points, and hanging or</p> <p>4 jumping would be worth ten points, or a gun -- or</p> <p>5 eight points, and -- or a gun for ten points?</p> <p>6 What -- how -- why that scoring differential?</p> <p>7 A You know, again, we got this information</p> <p>8 from other sources. And I don't think that is as</p> <p>9 much of a clinical issue from this form. For us it's</p> <p>10 more of this is a screen to try and determine their</p> <p>11 level of risk in conjunction with all the other tools</p> <p>12 and things that we use. So...</p> <p>13 Q Yeah, but I just don't -- I'm having</p> <p>14 trouble figuring out what -- why the difference is,</p> <p>15 and what clinical difference it would make. Do you</p> <p>16 know as a medical doctor?</p> <p>17 A I can't give you -- I can't give you</p> <p>18 specifics on every -- the difference of every box and</p> <p>19 why they were initially placed that way.</p> <p>20 Q So you copyrighted it, but you don't know</p> <p>21 really what it means either?</p> <p>22 A I didn't copyright the table. I</p> <p>23 copyrighted a form that goes with this.</p> <p>24 Q Well, it's in the four corners of the</p> <p>25 copyrighted material. Right?</p>	<p style="text-align: right;">145</p> <p>1 level of risk, and it is taken into context with</p> <p>2 everything else that we do.</p> <p>3 Q Why do the categories jump by two-point</p> <p>4 intervals?</p> <p>5 A I don't know originally why that was.</p> <p>6 Q Why did they on your copyrighted form?</p> <p>7 A We -- we did not change that scoring</p> <p>8 system. What we tried to do is instead, how can we</p> <p>9 take the information from this in the best way</p> <p>10 possible.</p> <p>11 Q But you don't know where you copied it</p> <p>12 from, is that what I'm -- that's kind of what I'm --</p> <p>13 A I don't recall. It's -- it's been a</p> <p>14 significant amount of time.</p> <p>15 Q Did it have anything to do with suicide</p> <p>16 risk screening?</p> <p>17 A Well, certainly. Yeah. That's what --</p> <p>18 that's what the whole context of the table is about.</p> <p>19 So...</p> <p>20 Q Well, I mean --</p> <p>21 A I just don't recall the source.</p> <p>22 Q In its original state, did it have anything</p> <p>23 to do with suicide risk?</p> <p>24 A Sure. Yes.</p> <p>25 Q How do you know if you don't know where</p>

<p style="text-align: right;">146</p> <p>1 it's from?</p> <p>2 A Because we didn't change much of the form,</p> <p>3 and that was the whole idea of this, was to score</p> <p>4 suicidality.</p> <p>5 Q Who determines the intervention/follow-up</p> <p>6 plan?</p> <p>7 A In what context?</p> <p>8 Q Well --</p> <p>9 A Oh. Okay.</p> <p>10 Q It says, "Intervention/follow-up plan."</p> <p>11 A So this is just their area for them, if --</p> <p>12 if they don't have electronic medical record, that</p> <p>13 they can document what they did with this</p> <p>14 information, any additional notes or information they</p> <p>15 want to share, and if there does need to be a</p> <p>16 particular follow-up plan, especially if it's a 36 or</p> <p>17 higher.</p> <p>18 Q Did you seek any outside involvement in</p> <p>19 creating this form in Exhibit 20?</p> <p>20 A I just don't recall.</p> <p>21 Q How about the chemical withdrawal</p> <p>22 questionnaire, Exhibit 23. Did -- again, that's</p> <p>23 MEND's copyrighted form.</p> <p>24 A No. I -- I -- other than using information</p> <p>25 that was already published, this was just doing a</p>	<p style="text-align: right;">148</p> <p>1 us.</p> <p>2 BY MR. BENNETT:</p> <p>3 Q Did the one you -- does the CIWA form say</p> <p>4 "contact medical M.D. for further orders"?</p> <p>5 A I don't recall those specifics.</p> <p>6 Q Only an M.D. can give orders, though.</p> <p>7 Right?</p> <p>8 A That's incorrect.</p> <p>9 Q Okay.</p> <p>10 A All medical providers can give orders.</p> <p>11 Q Exhibit -- okay.</p> <p>12 Is there a version two or three for the</p> <p>13 chemical withdrawal questionnaire?</p> <p>14 A I don't recall specific to that form. We</p> <p>15 review these every year, so I just don't recall if we</p> <p>16 made any substantive changes since the 2017.</p> <p>17 MR. BENNETT: Why don't we take a short</p> <p>18 break.</p> <p>19 VIDEOGRAPHER: Off the video record at</p> <p>20 2:12 p.m.</p> <p>21 (Recess taken from 2:12 to 2:20 p.m.)</p> <p>22 VIDEOGRAPHER: This is file number five.</p> <p>23 We're on the record at approximately 2:20 p.m.</p> <p>24 BY MR. BENNETT:</p> <p>25 Q Is the Sherburne County contract, is that</p>
<p style="text-align: right;">147</p> <p>1 mild tweak to their revised CIWA scoring.</p> <p>2 Q What's CIWA?</p> <p>3 A Oh, goodness. I knew you were going to ask</p> <p>4 me that. CIWA. I don't remember the exact words</p> <p>5 that go with those letters. Just everybody knows it</p> <p>6 and I just use CIWA. And there's a revised CIWA, and</p> <p>7 this is -- we took the revised CIWA and just</p> <p>8 customized it slightly for our purposes.</p> <p>9 Q So you tried to make it look like it was</p> <p>10 yours? Took a form from somebody else and tried to</p> <p>11 make it look like it was MEND's?</p> <p>12 A No. We just tried to tweak the form so it</p> <p>13 would be more useful for us.</p> <p>14 Q What did you do?</p> <p>15 A Just changed a little bit of the scoring.</p> <p>16 Q That's the "Flow Sheet - Chemical</p> <p>17 Withdrawal" on this one.</p> <p>18 You say you changed the scoring a little</p> <p>19 bit. So it doesn't look like a complete knockoff?</p> <p>20 A No.</p> <p>21 MR. NOVAK: Object to the form.</p> <p>22 Argumentative.</p> <p>23 Go ahead and answer, if you can.</p> <p>24 A I -- I -- it's the same answer. We -- we</p> <p>25 revised it slightly so it would be more useful for</p>	<p style="text-align: right;">149</p> <p>1 up this year?</p> <p>2 A I believe we have annual renewals unless</p> <p>3 they request changes.</p> <p>4 Q Are they requiring the accreditation, NCCHC</p> <p>5 accreditation?</p> <p>6 A No. We -- we recommended it. They already</p> <p>7 have ACA accreditation, and then they have -- I</p> <p>8 always forget the name of the accreditation for their</p> <p>9 road deputies. So they want to get --</p> <p>10 Q The patrol?</p> <p>11 A Yeah.</p> <p>12 Q Okay.</p> <p>13 A So now they've agreed to work with us on</p> <p>14 getting NCCHC accredited.</p> <p>15 Q To do that you had to do those three</p> <p>16 reviews under that review policy. Correct? Actual</p> <p>17 written reviews?</p> <p>18 A I'm sure that will be a part of it. It's</p> <p>19 an "important" standard, but I'm -- I'm sure it will</p> <p>20 be a part of it.</p> <p>21 Q Well, what are they, "essential" and</p> <p>22 "important," and --</p> <p>23 A I don't think there's anything other than</p> <p>24 "essential" and "important."</p> <p>25 Q All right.</p>

<p style="text-align: right;">150</p> <p>1 Do you do most of your advertising, either</p> <p>2 would be on the website or in the booths at the</p> <p>3 conferences? Do you do any other print advertising?</p> <p>4 A No. We just have our brochures and flyers</p> <p>5 and -- I mean, vast majority of advertising is all</p> <p>6 done at conferences. And, obviously, individual</p> <p>7 meetings after that.</p> <p>8 Q I asked you about consulting with the</p> <p>9 NCCHC. But you mentioned that you -- in your</p> <p>10 deposition that -- I just want to be sure. You --</p> <p>11 A I'm not formerly hired by them.</p> <p>12 Q Okay.</p> <p>13 A Just --</p> <p>14 Q And you're not in one of their voluntary</p> <p>15 auditor positions?</p> <p>16 A No.</p> <p>17 Q Have they ever done an audit of any of your</p> <p>18 facilities?</p> <p>19 A They will be. In Sherburne.</p> <p>20 Q They have not done it before, though?</p> <p>21 A No. You have to apply for accreditation to</p> <p>22 have...</p> <p>23 MR. BENNETT: That's all the questions I</p> <p>24 have.</p> <p>25 MS. ANGOLKAR: I have no questions.</p>	<p style="text-align: right;">152</p> <p>1</p> <p>2 REPORTER'S CERTIFICATE</p> <p>3</p> <p>4 I, Jane T. Doby, Registered Merit Reporter, a</p> <p>5 Notary Public in and for the County of Hennepin,</p> <p>6 State of Minnesota, certify that the foregoing is</p> <p>7 a true record of the testimony given by TODD LEONARD,</p> <p>8 who was first duly sworn by me, having been taken on</p> <p>9 October 28, 2019, at Gaskins, Bennett & Birrell, LLP,</p> <p>10 333 South Seventh Street, Suite 3000, Minneapolis,</p> <p>11 Minnesota, in my presence and reduced to writing in</p> <p>12 accordance with my stenographic and computerized notes</p> <p>13 made at said time and place;</p> <p>14</p> <p>15 I further certify that I am not a</p> <p>16 relative or employee or attorney or counsel of any</p> <p>17 of the parties or a relative or employee of such</p> <p>18 attorney or counsel;</p> <p>19 That I am not financially interested in</p> <p>20 the action and have no contract with the parties,</p> <p>21 attorneys, or persons with an interest in the</p> <p>22 action that affects or has a substantial tendency</p> <p>23 to affect my impartiality;</p> <p>24 That the cost of the original has been</p> <p>25 charged to the party who noticed the deposition,</p> <p>and that all parties who ordered copies have been</p> <p>charged at the same rate for such copies;</p> <p>That the witness DID request an opportunity to</p> <p>review the transcript.</p> <p>WITNESS MY HAND AND SEAL this 29th day of</p> <p>October, 2019.</p> <p> Jane T. Doby Registered Merit Reporter Notary Public Hennepin County, Minnesota</p> 
<p style="text-align: right;">151</p> <p>1 MR. NOVAK: We will read and sign.</p> <p>2 VIDEOGRAPHER: This concludes the video</p> <p>3 deposition. It is 2:26 p.m.</p> <p>4 (The deposition of TODD LEONARD was</p> <p>5 concluded at 2:26 p.m.)</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">153</p> <p>1</p> <p>2 ERRATA SHEET</p> <p>3 I, TODD LEONARD, certify that I have read and</p> <p>4 examined the typewritten transcript of the deposition</p> <p>5 taken of me in the matter of David W. Lynas, as Trustee</p> <p>6 for the next-of-kin of James C. Lynas vs. LINDA S.</p> <p>7 STANG, ET AL., on October 28, 2019, consisting of the</p> <p>8 preceding pages, and find the same to be true and</p> <p>9 correct.</p> <p>10 (Except as follows):</p> <p>11 Reason</p> <p>Page Line Correction for Change</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23 Dated this _____ day of _____</p> <p>24 _____</p> <p>25 TODD LEONARD</p>

Todd Leonard
10/28/2019

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<p>1 EXAMINATION INDEX</p> <p>2 By Mr. Bennett: 3-150</p> <p>3 -----</p> <p>4 EXHIBIT INDEX</p> <p>5 Exhibit 20: Suicide risk screening forms</p> <p>6 reviewed 116,121,123,129</p> <p>7 Exhibit 22: Flow Sheets - Chemical Withdrawal form,</p> <p>8 7/6/17</p> <p>9 reviewed 130,146</p> <p>10 Exhibit 23: Chemical withdrawal questionnaire form,</p> <p>11 7/17</p> <p>12 reviewed 145</p> <p>13 Exhibit 26: Electronic charting forms</p> <p>14 reviewed 125</p> <p>15 Exhibit 27: MEnD Beck Depression Inventory form</p> <p>16 reviewed 118</p> <p>17 Exhibit 52: MEnD Correctional Care, PLLC Balance</p> <p>18 Sheet as of December 31, 2017</p> <p>19 marked/reviewed 5</p> <p>20 Exhibit 53: MEnD Correctional Care, PLLC Profit &</p> <p>21 Loss, January through December 2017</p> <p>22 marked/reviewed 5,7,14,69</p> <p>23 Exhibit 54: TL Clearwater Properties, LLC business</p> <p>24 record details</p> <p>25 marked/reviewed 12</p> <p>Exhibit 55: Dr. Todd Leonard Consulting, LLC</p> <p>business record details</p> <p>marked/reviewed 23</p> <p>Exhibit 56: Duluth New Tribune article, "The Doctor</p> <p>is in (Jail): Minnesota doc's company</p> <p>provides medical care to inmates in</p> <p>St. Louis, Douglas Counties."</p> <p>marked/reviewed 25</p>	<p>1 Exhibit 69: "Mental Health Appraisals &</p> <p>2 Evaluations," from Mend website</p> <p>3 marked/reviewed 109</p> <p>4 Exhibit 70: Suicide status form</p> <p>5 marked/reviewed 123</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p>1 Exhibit 57: The MEnD Defendants Supplemental Answers</p> <p>2 to Plaintiff's Interrogatories</p> <p>3 marked/reviewed 39,50,61</p> <p>4 Exhibit 58: Standards for Health Services in Jails,</p> <p>5 2014 - NCCHC</p> <p>6 marked/reviewed 41,93</p> <p>7 Exhibit 59: MEnD press release, 11/23/2016, "Now</p> <p>8 Serving 37 County Facilities in MN, WI</p> <p>9 and IA"</p> <p>10 marked/reviewed 53</p> <p>11 Exhibit 60: MEnD press release, 11/23/2016, "We Are</p> <p>12 Now Serving Story County, Iowa"</p> <p>13 marked/reviewed 53</p> <p>14 Exhibit 61: Map of participant counties</p> <p>15 marked/reviewed 56</p> <p>16 Exhibit 62: Answers to Plaintiff's First Set of</p> <p>17 Interrogatories to The MEnD Defendants</p> <p>18 marked/reviewed 59</p> <p>19 Exhibit 63: MEnD All Counties (per answer to</p> <p>20 Interrogatory #3 signed on 2/11/19)</p> <p>21 marked/reviewed 66</p> <p>22 Exhibit 64: MEnD Minnesota Counties November 2017</p> <p>23 (per 10/14/19 email from MEnD's counsel)</p> <p>24 marked/reviewed 66</p> <p>25 Exhibit 65: "Inmate Commits Suicide at St. Louis Co.</p> <p>Jail"</p> <p>marked/reviewed 84</p> <p>Exhibit 66: Olmsted Jail Inmate Death Ruled Suicide"</p> <p>marked/reviewed 85</p> <p>Exhibit 67: "Man jailed for drug-related robbery</p> <p>hangs himself"</p> <p>marked/reviewed 86</p> <p>Exhibit 68: Mille Lacs County jail in spotlight over</p> <p>suicides</p> <p>marked/reviewed 87</p>	

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